



# FLORIDA HEALTH NOTES

VOLUME 58 — NO. 1

JANUARY

1966

**MAN—Water and Waste**

# Man—Water and Waste

*The summer afternoon in Florida is bright and sunny. A man glances into the giant tank of placid water that resembles a swimming pool, turns a valve and makes a notation on his clipboard. — It's midnight Christmas Eve. Another man sits alone at his desk listening to the humming pumps and the hiss of the aeration sprays. — The hurricane roars, and still another man, noticeably exhausted, shakes his head as he watches the dwindling supply of fuel that feeds his auxiliary diesel motors laboring to keep the sewage pumps operating.*

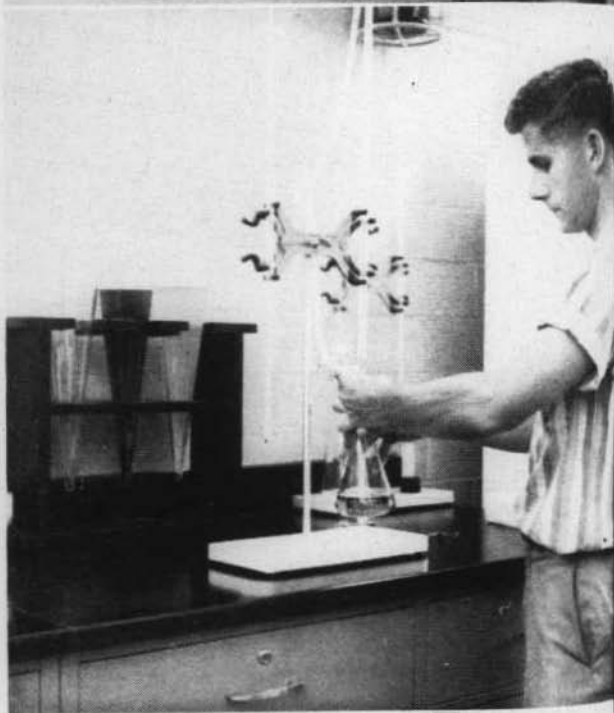
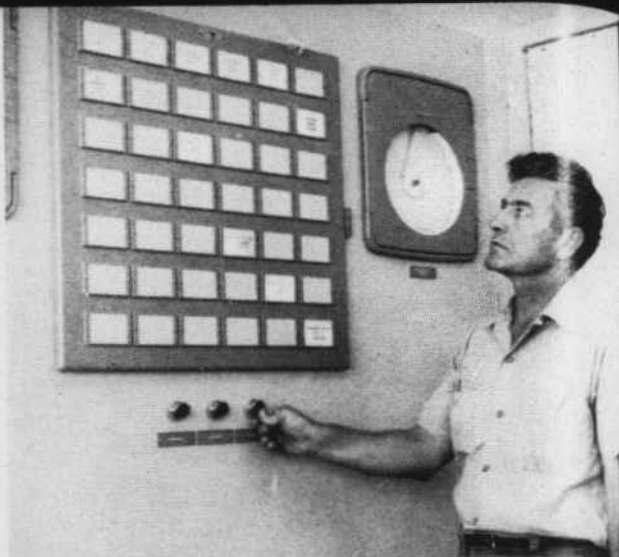
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**L**ike any other enterprise, the vast and complex job of producing and pumping pure, fresh water to Florida homes, and then collecting, treating and disposing of sewage, is one first for men, then for machinery. It is men who learn and apply mathematics and chemistry, who carry out the efficient programs of sanitary operations, and who stand the daily and nightly watches over the giant pumps and systems that mean the difference between clean, healthful living and insufferable pollution in our communities.

And so, it is the operators of Florida's waterworks and sewage treatment plants that we will discuss in this issue of **Florida Health Notes**. These men, whether employed by a large city or a small subdivision, perform for the rest of us services so essential that they are



Buttons to push,  
dials to watch as  
all flows smoothly.  
Tests on a regular  
schedule to know  
that all is well.  
Then a sandwich  
and a book to learn  
more and more.  
That is the life for  
the water or sewage  
plant operator.



literally a matter of life or death. Yet these services are performed so quietly, so undramatically that years can pass without our giving these men a thought.

Florida's investment in water and sewage plants and systems amounts to over a billion dollars. They have nearly all been constructed within the memory of our older citizens for only 25 sewage treatment plants were in operation in 1940.

In 1964 alone, 842 new sewage projects of all sizes, worth nearly \$47 million, were approved by the State Board of Health for construction. These operations would bring service to 890,000 people. The \$31 million worth of new waterworks, involving 666 projects, would increase the total water service in the state by 77 million gallons a day. That figure does not include \$5.5 million worth of new public swimming pools.

Today, half of Florida's six million people (1965 estimate) live in homes which are within reach of centrally-operated sewage plants. The other half live either far from such facilities or in areas where sewage plants should be in use, but are not. About 4.3 million persons are served by public water systems.

One factor which adds to the size of the job being done by water and sewage plant operators is the rapidly increasing use of water, and hence the similar increase in the volume of sewage. Automatic washers for clothes and dishes use far more water than older hand methods, and

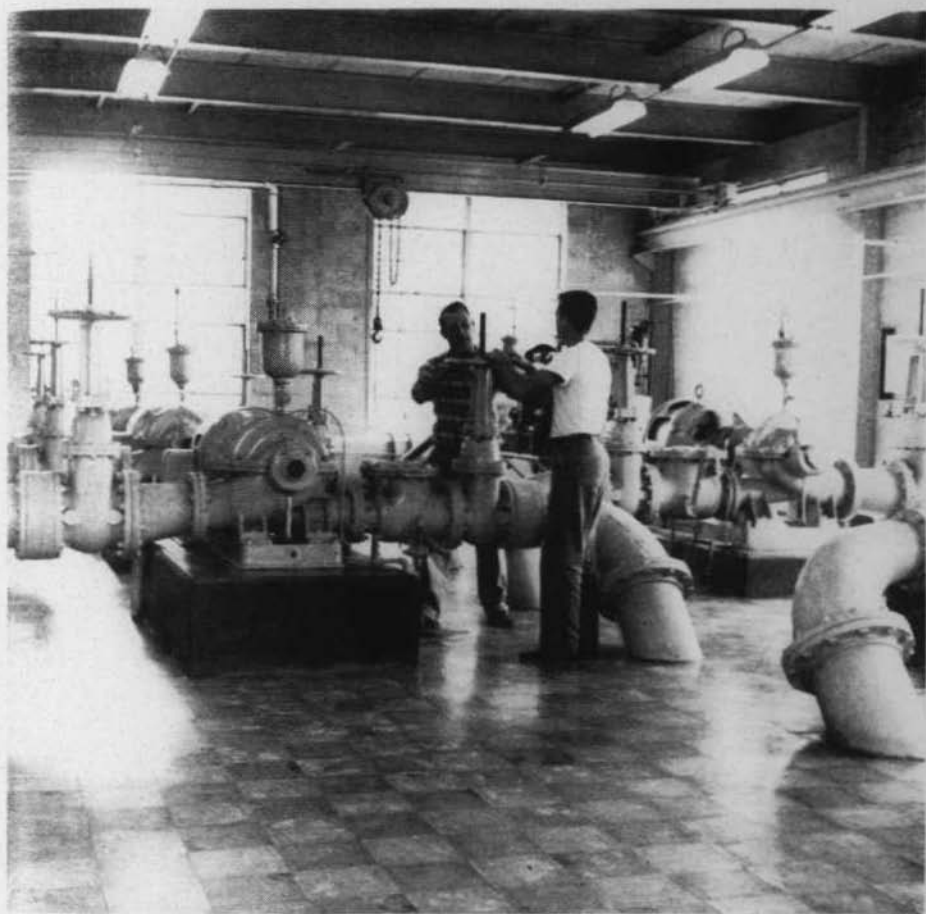
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#### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

VOLUME 58 — NO. 1

JANUARY 1966



In great steel and concrete rooms like this, giant pumps hum day and night, month after month under the watchful eye of the operator. Some bring pure water to our homes, and others boost the flow of sewage toward its final destination.

people bathe more frequently. Then too, there is much less open land today, and land and stream pollution must be carefully guarded against. Because of these conditions, Florida will have to maintain an in-service training program for the continuous upgrading of its present workers in water and sewage plant operation, make the work more attractive with adequate salaries and pleasant working conditions, and plan to recruit an ever increasing number of new workers.



### Ancient Systems

The men who are sewage and water plant operators follow an ancient craft. The bacteriology they study and use may be relatively new, but the mathematical problems they face and solve in their

daily work were known and resolved by builders in what is now Pakistan some 3700 years before Christ. Archaeologists have found ruins of cities which had water and sewerage systems with individual service to each house. They had what we would call crude spigots and flushed their latrines into drains that led to the common sewers.

Many plants maintain radio contact with service trucks and mobile maintenance crews. This speeds service and pays for itself in time and travel cost.

During the "Golden Age" of Greece, the great city-states had strict and practical sanitary laws and maintained public sewers. Moses and his successor, Joshua, required proper sanitary practices of the children of Israel as they wandered in the wilderness. The aqueducts and sewers built by the Caesars in Rome are in some cases still in use today. But the great cities of mediaeval Europe did not follow these early examples. The people's attitude toward human waste disposal was somewhat casual, although a local ordinance in London did require a housemaid to shout a warning to those below before dumping a slop jar into the street. When those ancestors of ours said they needed rain, they had something in mind besides the irrigation of crops.

After the times of George Washington and Napoleon, serious con-

sideration was given to municipal sanitation. New York City finished its first large sanitary sewer in 1805, but not until 1880 did Paris permit the discharge of human waste into its large sewerage system which had been constructed to carry away rainwater. The European enclaves in the great Oriental cities developed small sewerage systems of their own, but solid human waste was collected and used for garden fertilizer in the native areas. This is still widely practiced in much of Asia and Africa.

By the latter part of the 19th century, people learned from such men as Pasteur and Lister that disease was caused by bacteria and these invisible organisms lurked in human waste. The drive to re-

move such waste safely from populated areas began. Government and health officials early decided that water wells and privies could not exist safely side by side, and cities began to construct "combination sewers." These were designed to carry rainwater and human waste together and dump them into the nearest stream.

However, the combination system did not satisfy George E. Waring, the sanitary engineer who is credited with the development of the present-day system of separate storm and sanitary sewers. The reason for this arrangement was to make the sewage available for treatment without causing the treatment plants to be flooded with rainwater that flowed through the storm sewers. Memphis was the first American city to install

### **FILTER TIPS**

That's right—cigarette filter tips! Don't flush them down the toilet. They don't disintegrate. They float through the sewerage system until they reach an aeration nozzle and clog it. Sewage plant operators say this creates a real problem.



this system—around 1880. The Waring system, refined and improved as the years passed, became the generally accepted system of today.

## Two Extremes in Florida

**T**he position of water supply and waste disposal in Florida is as unstable as any situation can be. In a great number of our cities, clean, biologically-controlled water is supplied in unlimited quantity, and wastes which can be carried away are collected by modern sewage treatment and disposal systems. In some rural areas, individual water wells and crudest privies are still in use. But between these two extremes we find a wide variance. Some subdivisions have the latest and best water and sewerage systems; others depend on a shallow well and a septic tank for each home.

"Honey dippers" still clean out septic tanks with shovel and bucket almost within sight of downtown skyscrapers. Inadequate private water systems can be found within a stone's throw of our most modern motels. Some untreated human waste still pours from outfalls into rivers within yards of expensive marinas and waterfront homes. Figures change every day, but the State Board of Health estimates that thousands of Floridians today are served by water and sewage disposal methods that can be called nothing less than primitive, and possibly dangerous to community health.

## The Operators

**T**he water and sewage plant operators of Florida are dedicated to changing the situation we have described. Although the word "operator" can be considered to include the employing utility company or

governmental agency, we are using it to mean the men who do the work at these facilities. In 1941, they organized the Florida Water and Sewage Works Operators Association in order to advance the professional status of the members, provide for voluntary licensing under the sponsorship of the State Board of Health to train and educate operators, and to "protect the health of the citizens of Florida"—to quote the organization's constitution.

These men operate some 1400 sewage treatment facilities, handling around 500 million gallons of sewage a day, and about 925 public water facilities which daily pump over 500 million gallons of water. These enormous figures gain meaning when you (the reader) realize that this is about 120 gallons of water or two full bathtubs per day for each person. You might protest that you simply don't use that much water, and you probably are right. But the engineers who plan these facilities have to consider all the laundries, car washes, lawn watering and other uses which the community has for water.

Including supervisory personnel, there are about 2500 operators, half of whom belong to the association. A majority of the sewage plants are small operations handling the effluent for a few homes, supermarkets, laundries, etc. Such facilities are not attended day and night; they are merely "looked in on" to see that the automatic machinery is working properly. But in our large facilities, the giant pumps and chlorinators are watched and their controls adjusted on a round-the-clock basis.

What sort of men are these operators? What kind of personality goes with this type of work? What knowledge, training and experience do they possess? "It takes a different breed of men," said one of their supervisors who had risen through the ranks himself. "The fellow that's just looking for a job doesn't last long around here. In fact he rarely gets in. There's too much responsibility."

And that's the key word. **Responsibility!** The man who operates the pumps and treatment units which send pure water to our homes or

manipulates the complex machinery and chemistry that reduces our sewage to harmless sludge and clear water knows that he has an important career, and acts accordingly. Normally he works 40 hours a week, but when something goes wrong he may live on coffee and nerves, working around the clock until things are right again.

"It sure isn't for the money," the supervisor said. An analysis of the average salaries supports his theory. The wage range for operators runs from \$3000 to \$7000 a year.

### **The Other Side of the Story**

Our main story is about the men who operate the vast and complex facilities that provide our homes with pure water, and draw away the sewage for safe treatment and disposition. It was these men who insisted that the story would be less than half told if we did not mention the maintenance men—the machinists, mechanics, welders, pipe fitters, carpenters, electricians and laborers without whose services, as one operator said it, "those push buttons wouldn't mean a thing." Even without a major storm or other disaster, pumps wear out, water and sewer lines break, electric insulations burn out, trucks stall and rust corrodes. The operators with their scientific training in chemistry and bacteriology work beside skilled tradesmen who wield paint brushes and wrenches—and each assures us that he could not get along without the other.

### **Education and Training**

The only statewide standards of education, training and experience for water and sewage plant operators are those imposed by their own association. The state has no licensing law. Various cities



Muscle and brain, a wrench and a welder's torch—always busy. These are the strong backs and quick minds that jump into the breach when trouble comes. This is maintenance—and the operators call it the backbone of operation.

and counties have their own civil service procedures by which applicants are hired and employees are upgraded and promoted. In many instances these local requirements match closely the association's own standards. The State Board of Health's Bureau of Sanitary Engineering works closely with the association in conducting its schools and short courses. The state universities make correspondence courses in biology, chemistry and mathematics available to the men. Today many operators are studying at home and taking the short courses that will make it possible for them to become Class A, Class B or Class C Operators. These classifications are earned in reverse order.

Depending upon the municipality, county or utility company for which he works, a man may start out as a laborer, helper or apprentice. It's all the same thing—he is starting to learn to run a waterworks or sewage treatment plant. And he is becoming a member of the team of men who feel responsible for delivering safe, pure water to their neighbors' homes or treating sewage to render it safe for final release. It must be remembered, however, that many of the operators throughout the state work alone. They are in charge of

small water or sewage operations in subdivisions or for individual buildings, such as isolated shopping centers, and their only contact with men of their own profession is through the association and the short schools and courses.

The voluntary certification of

### Certification

Under the present voluntary arrangement an operator may obtain a Class C, Class B or Class A Operator's Certificate by showing that he has the proper number of *equivalents* and passing the proper examination. To be examined for Class C, he must have four equivalents; for Class B, eight; and for Class A, 12 equivalents.

*The equivalents add up this way:*

	<i>Years of equivalent experience</i>
Actual year worked in plant operation	1
High school graduation or its equal (Armed Forces school, etc.)	2
Two years college with training in biology and chemistry	2
College degree in sanitary engineering or closely related courses	4
Successful completion annual short course	1/2
Successful completion regional short course	1/3
Successful completion each approved correspondence course	1/2

operators as practiced in Florida is a close working arrangement between the State Board of Health and the operators' association. The director of the Bureau of Sanitary Engineering is designated by the constitution of the association as the chairman of the Board of Ex-



aminers. We emphasize that this is all voluntary. A building or subdivision owner can install a water or sewage plant and operate it himself or assign its operation to a man with no previous experience or knowledge whatever, so long as the operations are carried out within the requirements of the Florida Sanitary Code.

The certificates are issued to operators of sewage or water plants in classes A, B and C, as mentioned earlier.

A young man, who has finished high school, worked a full year at the plant and attended and passed one annual short course and one correspondence course, would

have four years of equivalents or credits and would be eligible to **apply for permission** to take the Class C operator's examination. If granted permission to take the difficult examination, the chances are about even that he would pass the first time. If he fails to pass, he must work and wait another year.

Based on the calculations, an operator must have eight years of equivalents to take the examination for Class B operator, and 12 years for Class A. In the larger and better operated plants, a Class C man is assigned to stand a shift alone—if all is going well; a Class B man may be a foreman; and Class A men are usually supervisors. The superintendent for the whole system is usually a graduate engineer with years of experience.

## **Good Germs versus Bad Germs**

**T**he actual mechanical, chemical and bacteriological operations of the water and sewage plants are not the subject of this issue of *Health Notes*, but can be mentioned in passing. One of the operators told us his job was like that of the director of a television cowboy show—he sends the “good germs” out to kill the “bad germs.” This is true to a limited extent in a waterworks, but more a matter of sending “good” chemicals out to get the “critters”; and is literally the basis of operation

of a sewage plant. So it can be seen that the operator must have a knowledge of bacteria—good and bad, and likewise know his chemicals.

It can easily be understood to what extent a man would be involved in the knowledge of chemistry, mechanics and mathematics. The operator at the water plant must understand chlorination, aeration (a process of spraying the water through the air to release unwanted chemicals as gases), fluoridation and other chemical processes. Fluoridation is a procedure of adding a tiny amount of fluoride to the water to help keep down dental decay. It is used in some Florida cities. Many others have not yet added fluoride to water supplies and children in these cities do not receive the benefits of this dental decay preventive. Still other cities have natural fluoride in their water and have no need to add it.

The operator at the sewage disposal plant is much more involved in bacteriology, for it is essentially a process of "good-germ-kill-bad-germ" that renders sewage safe. It is of course a concentrated application of nature's own system. A small amount of human solid waste dumped into a stream is first diluted by the action of the moving water. Then it is attacked by the aerobic (with air) and the anaerobic (without air) bacteria in the water, and its nature so changed that the waste becomes a natural and acceptable part of the complex system of organic life (natural organic fertilizer).

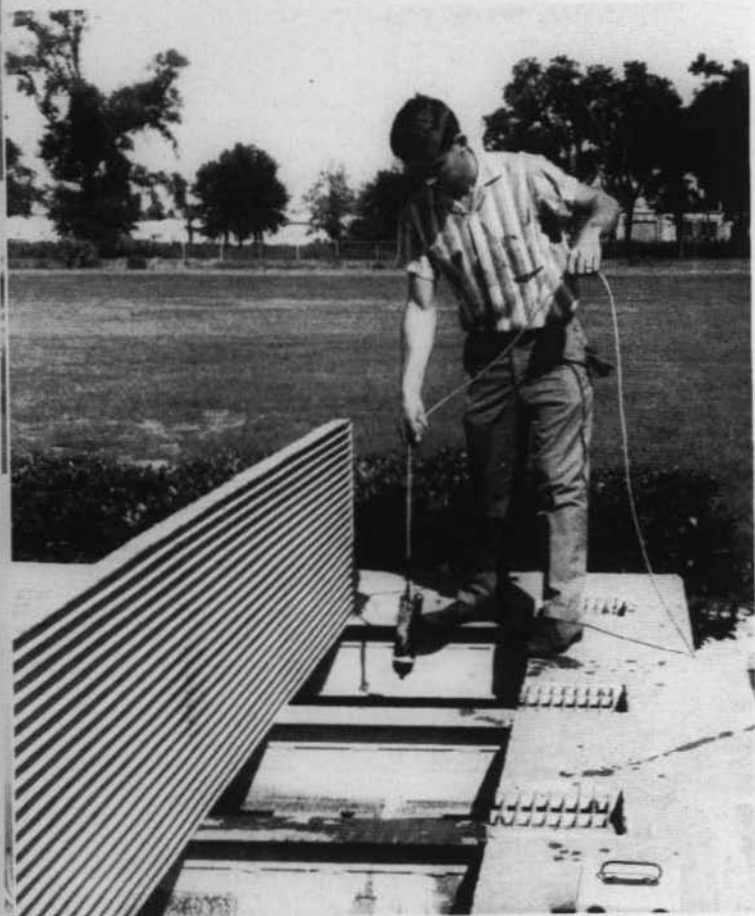
But when thousands of people live close together and are producing tons of organic waste matter every day, the river cannot handle the load and pollution occurs. Therefore, the natural processes of waste disposal must be understood, organized and concentrated in a manageable working area in order to be put to effective use. Greatly oversimplified, this is a description of a sewage disposal plant.

## Problems for Operators

**T**he problems of the operators of these plants are more complex than they used to be. All kinds of

The work is not without possible danger. A gas mask is ready in case a chlorine tank were to spring a leak. Such an accident could foul every electrical contact in the plant, and be very dangerous to personnel.





Much of the work at a sewage plant is out-of-doors. The weather is not always so fine as this when the sample of treated sewage must be taken.

chemicals which were not heard of 10 years ago are now part of our daily lives and find their way into our sewage. New and powerful insecticides, pesticides, weed killers, cleansing agents and germicidal soaps and detergents are used in our homes. These latter agents are of particular interest to the operator because they can disturb the bacterial balance in the system and create havoc if not controlled.

If we were to associate informally with these operators, at both the water plants and the sewage disposal facilities (as did the writer of this issue of **Health Notes**), we would find one central idea paramount in their thinking. This would be the idea that pure water must be provided at every spigot every minute of the year

and that sewage must be piped away from the homes, collected, treated and disposed of in a manner to make it safe for dispersion in the environment.

The operators' association works closely with the Bureau of Sanitary Engineering in training and certifying its men. The association is not a labor union, but rather more like a trade guild. Its primary purpose is the training, educating and upgrading of its own members, but it cannot refuse the opportunity to a qualified person to take the courses offered and participate in the examinations. The association maintains a surveillance over salaries paid to various classes of operators, and makes suggestions in cases where it feels compensation is low, but it does not conduct collective bargaining.

## The Future

"Florida is growing." (This is said often.) But this growth affects every phase of our lives. Homes that once were served safely and satisfactorily by a pump and a septic tank now must be served by a waterworks and a sewage disposal plant. The area where they once stood alone now contains dozens of neighboring homes. The subsurface water tables will not supply additional wells and the absorptive and dispersive quality of the soil is not sufficient to handle the effluent from too many septic tanks.

Many new industries are coming to Florida, and more tourist facilities, hotels, motels and restaurants are being built every day. Housewives



### **Proposed Law**

The Florida Water and Sewage Works Operators Association, the Florida Section of the American Water Works Association, and the Florida Pollution Control Association, backed by the State Board of Health, have twice proposed unsuccessfully to the Legislature that it pass an act designed to make compulsory under law the certification of operators of water and sewage plants.

This would place the operators on a level with 22 other professions (ranging from barbers and beauticians to masseurs and real estate agents) which have their own board of examiners. These boards are composed of experienced, respected members of the profession who are elected to set and enforce standards for the operations of the profession within the state.

The operators' association feels that the qualifications of men who handle the vitally important operation of water and sewage plants should not be left to a voluntary licensing procedure.

are discarding old-fashioned clothing and dishwashing methods, and replacing them with new ones that use more water. But the state has no greater source of water supply, nor any larger mass of land in which to disperse sewage than it did when the Seminoles owned all of the real estate.

This means that better and more efficient means and methods must be used to supply us with water and sewage disposal. Does this mean primarily more machinery? No! First it means better trained, higher paid and more dedicated operators. Then the men must be given the machinery.

The larger cities and utility companies have their crews and carry on continuous recruitment programs. The State Board of Health and the association are working together to convince small subdivision owners that they should employ a qualified operator rather than an unskilled worker to handle their water and sewage plants. Those many subdivisions—originally built with wells and septic tanks and which in many cases proved so unsatisfactory—will have to convert to proper, modern facilities operated by qualified men.



## For Our Welfare

There is little direct involvement of the public in all of this, but we should be deeply concerned. Those of us who live in the established parts of the larger cities may be assured—we are cared for by competent career men who know and respect their jobs. Those people whose homes are so isolated as to make proper use of well and septic tank are not in the picture. But around a fourth of the population of Florida might ask themselves, "Are our homes supplied with water and sewage services from facilities properly built and tended by qualified men, or do we depend on the judgment and doubtful dedication of a laborer who 'looks in on' the machinery after a hard day's work?"

We have a stake in our own welfare. We should support the efforts of the Florida Water and Sewage Works Operators Association, which is endorsed by the State Board of Health, and encourage our legislators to see the wisdom of a law which makes the certification of water and sewage plant operators compulsory. This law would strengthen the hand of an association which has worked for two and a half decades to assure for the future of Florida an ever-growing number of men who are qualified to operate the large and small utilities. No phase of our physical life can be said to be more important than the provision of clean, pure water and the removal and safe disposal of human wastes.

### Fluoridation

Over 1.1 million people living in 53 Florida cities now have fluoridation of their public water supply, either by the adding of fluoride at the water plant (in 26 cities) or by the presence of natural fluoride in the water (27 cities). This leaves nearly four-fifths of the state's population without the benefit of this decay-preventing chemical compound.

*— It is two o'clock in the morning and only one shaded light burns over the desk. A cup of coffee and a roast beef sandwich lie beside a*

newspaper with the headline, "Groves Warned to Use Smudges Tonight." The operator picks up a clipboard with columns of penciled figures, reads a meter and marks the chart. He smiles as he singles out a magazine from the papers on the desk and leafs through a copy of Florida Health Notes. He discovers it is about water and sewage plant operators. He turns, checks another dial and marks his chart. It's two o'clock and there will be clean, pure water in the homes of his community this and every morning.

# Florida State Board of Health



Whereas **John Doe** having qualified under the training and experience requirements of the voluntary certification plan of the Florida Water and Sewage Works Operators Association, and having been duly examined as to compliance with all requirements of this department for

## Class 'A' Water Works Operation

this department issues this certificate showing competency in theory and practical knowledge for this classification.



*David B. Lee*  
Director, Bureau of Sanitary Engineering  
September 1, 1965  
Date

The men are proud of these certificates. They work and study for years to earn them. Various municipalities set civil service requirements, and the operators' association maintains its own standards, but there is no required state certification.

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HON. HAYDON BURNS

Governor of Florida

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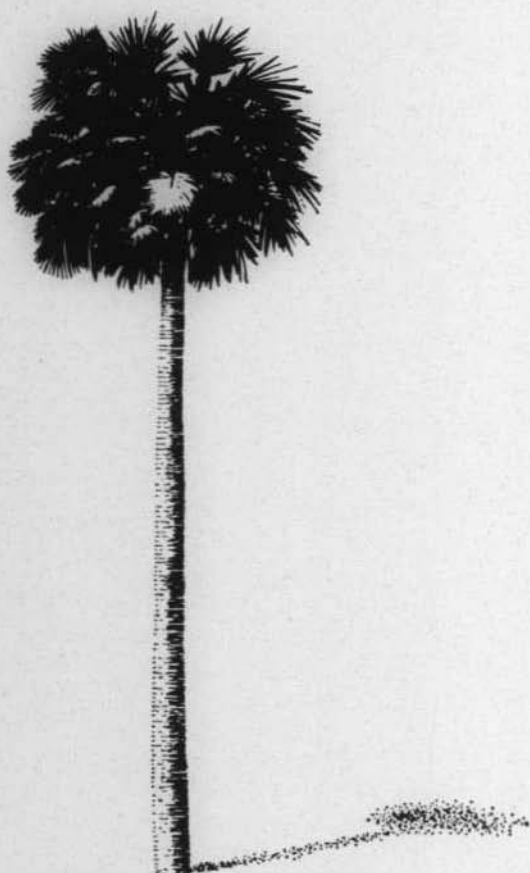
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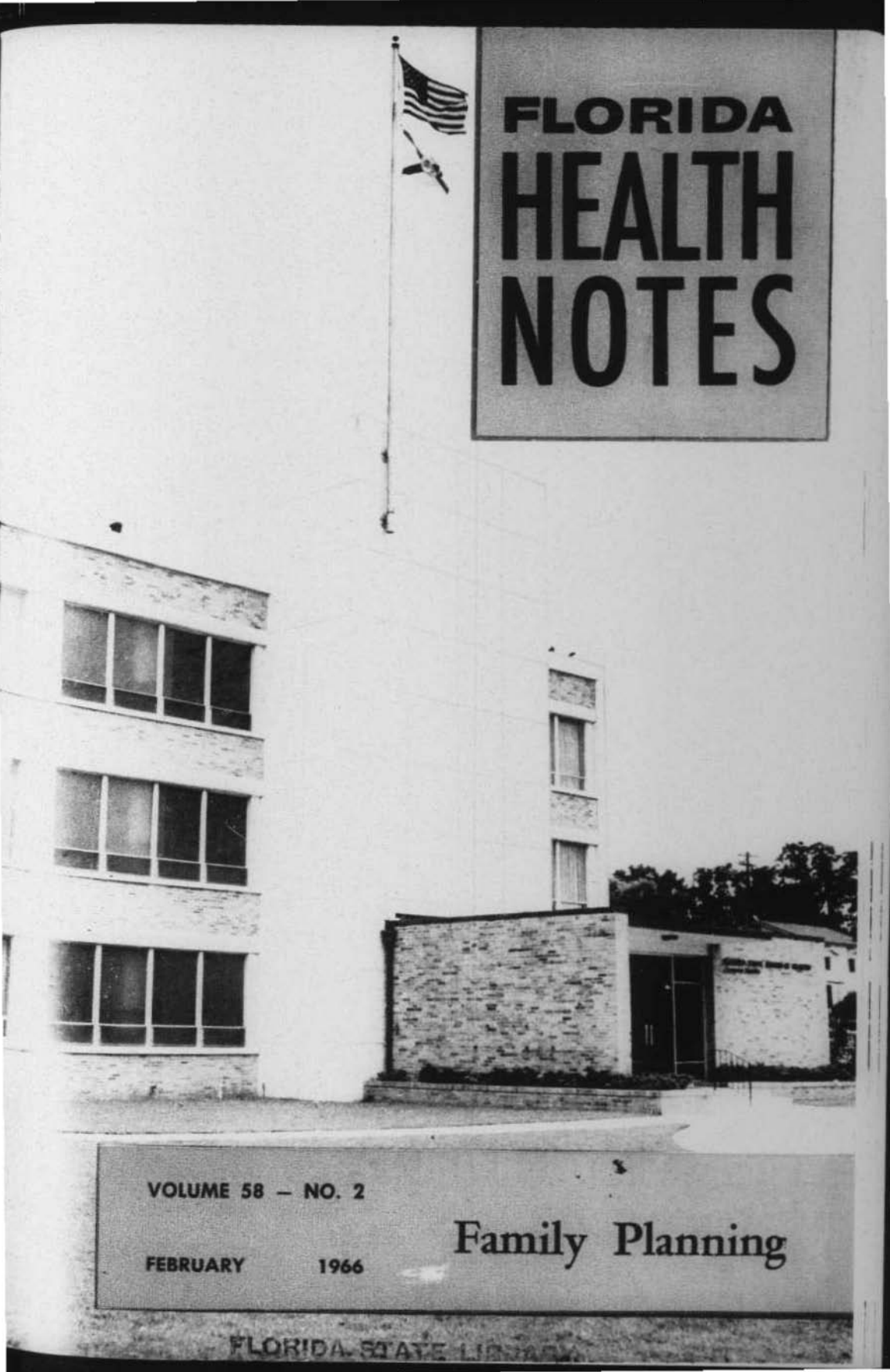
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# FLORIDA HEALTH NOTES

VOLUME 58 — NO. 2

FEBRUARY

1966

Family Planning

FLORIDA STATE LIBRARY



**Every child should have the right to its share of love, shelter, food, clothing and opportunities for a full life.**





# FAMILY PLANNING

**M**r. and Mrs. Carter have been married 12 years and have nine children. Although all of the children are in good health, Mrs. Carter is exhausted from having a baby nearly every year. With four of the children still not old enough to go to school and two in diapers, she doesn't have time to give each child the attention he needs. Because of the constant demands of the children, she is unable to keep up with her housework, give much attention to her husband, or find time to rest. She is ensnared in an endless round of laundry, child ailments, housecleaning, sewing and mending hand-me-downs. Mrs. Carter has fits of nervousness because she is in constant fear of another pregnancy. She nags and scolds her children and husband and has periods of depression.

Mr. Carter works as a semi-skilled laborer in a factory. His income is not sufficient to provide adequately for his nine children. Payments on their small and inadequate home and second-hand

car are hard to meet; the children need more nutritious food, better clothing and other necessities which he cannot buy.

Mr. and Mrs. Young have also been married 12 years and have three children, ages 10, seven and three. Mr. Young is a co-worker with Mr. Carter. Although both men have the same income, the Youngs live in a more substantial house, have a new automobile every four years and enjoy outings to Florida's resorts. The Youngs have adequate clothing, proper foods and a few luxuries.

Although Mrs. Young and Mrs. Carter are the same age, the latter looks 15 years older because of the years of childbearing. Mrs. Young is able to give her children proper care, keep up with her housework, donate a few hours a week to voluntary work at the local hospital, and serve on two committees at the family's church.

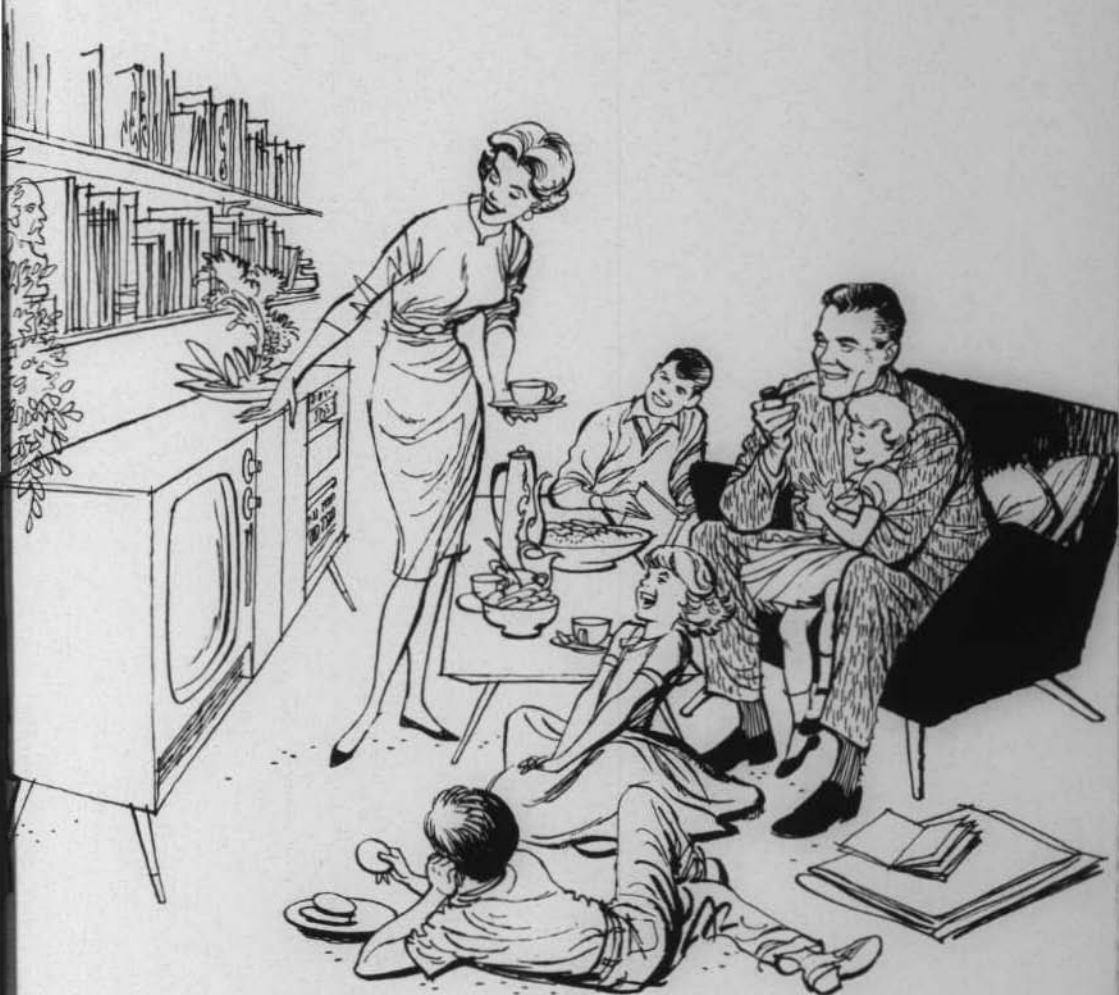
## *Family Planning Makes the Difference*

Although the Carters love all of their nine children, they resent the fact that they have so many offspring. They could never agree on how many children they wanted. Mr. Carter likes a big family, but now he knows they have too many

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Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.



**The planned family frequently has more luxuries than the unplanned family because the father's income can adequately serve all members of the group.**





children. He relished the attention he received at the shop each year when a child was born, but now the attention is turning a little sour. Mrs. Carter at one time enjoyed her children. Now she resents the prospects of more babies; she knows she is not well, and unable to care for more infants. The Carters have never talked to anyone about their problem, and they do not know what to do about it.

The Youngs, on the other hand, planned their family from the beginning of their married life. They had talked to their physician early in their marriage, and he had introduced them to the principles of family planning so they could have children when they wanted them. Consequently, the Youngs have a higher standard of living than the Carters.

Family planning is known by a number of names—planned parenthood, child spacing, birth control. The Carters are aware of the situation that endangers the mother's health, provides unwanted children, lowers the

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**Densely populated areas, such as this, are developing along both Florida's Atlantic and Gulf Coasts.**



family's standard of living, and produces conflict within the home. But they are ignorant of the answer. This same problem can be found in many Florida homes. The solution may be found in the offices of most pri-

vate physicians and in public health clinics of nearly all the County Health Departments.

This issue of *Health Notes* will tell you about family planning, why it is necessary, and what is being done in Florida.

## *Family Planning is Necessary*

For centuries man has reproduced as he pleased. In 1830, the world population was at one billion. It had grown to two billion by 1930. At the present rate of increase, it is estimated that there will be four billion persons on this planet by 1980. Some authorities say that there may be standing room only in less than 500 years.

This crowded world will be disastrously overcrowded in a few decades. Florida will be no exception. The state was sparsely settled in 1910 with 753,000 persons. In 1930, the population had reached 1.4 million; 2.7 million in 1950; and in 1964, the population had jumped to 5.7 million. Already some areas are becoming overcrowded.

Four million Floridians live in 11 of the 67 counties. With

two exceptions (Duval and Escambia Counties), most of the crowded areas are in counties along the Gold Coast (Dade, Broward and Palm Beach), the Sun Coast (Pinellas and Hillsborough) and Central Florida (Polk, Orange, Brevard and Volusia). This population growth has led to air and water pollution, sprawling crowded cities and congested highways. Demands for more agricultural lands have caused dikes to be built in South Florida which have reduced the flow of water through the Everglades and endangered the last remnants of a tropical wilderness in the United States.



## *More Food Needed*

One of the main concerns of public health officials and persons interested in the population expansion is the amount of food that will be needed to feed these added billions of people. One recent study estimated that the production of food would have to be doubled to provide an adequate diet for the existing population. Today, two-thirds of the people on this planet are undernourished. Unless the rate of man's reproduction is decreased immediately, our present civilization will collapse in chaos within a half a century. Even such catastrophes as famine or nuclear war will not make any serious inroads into the problem unless birth control becomes a way of life for all peoples of the earth.

Not only will there be a further shortage of food but also land will become more scarce. Florida still has vast areas of unoccupied land, but in a few decades even this land will be taken. Already sprawling subdivisions of private homes are eating up farmlands around every city. As express highways make distant areas more accessible, people will move further and further into the wooded, rural areas.

Overpopulation will cut down the lack of opportunity in education. Today, many schools operate on double sessions. Florida's elementary, junior and senior high schools were expanded by some 1443 new

## *More Births Than Deaths*

In the past 30 seconds, 90 babies were born into the world, and because of public health and humanitarian measures, only 60 persons died. This leaves a net increase of 30 new persons on earth—or one every second. In Florida during 1964, there were nearly 114,000 babies born as compared with over 56,000 deaths. Add to the net increase the 200,000 persons who move into Florida each year, and you will see why Florida is one of the fastest growing states in the Union.

**THROUGHOUT THE WORLD  
TWO OUT OF**



**THREE FAMILIES ARE UNDERFERD**



PLANNED PARENTHOOD—WORLD POPULATION  
315 MADISON AVE., NEW YORK, N. Y. 10022

**Food production must be doubled to feed adequately the existing population. The addition of more people will be a further burden.**

classrooms during the 1964-65 school year and the school systems are finding it hard to keep up with the demands for space. Colleges and universities find more students seeking admission each year. Once a small amount of education was enough to help a person make his way in the world, but the demands for jobs today have raised qualifications for the best positions and school drop-outs and unskilled laborers are finding it harder to compete in the labor market.

There are many situations today which forecast things to

come if the world population keeps on growing at the present rate. A few of these situations involve environmental health and the community. Overcrowding in cities brings danger of communicable diseases, accumulation of refuse and human waste, problems of food production and distribution, and shortage of pure water and proper housing. With a burgeoning population, governmental and private agencies should have started to plan yesterday for the time when there will be less land and more people.

## *And the Poor Get Children*

The "population bomb" has come to be as much a threat as lethal nuclear weapons. Society's population problem is made up of countless little population problems of individual families who have more children than their resources can adequately support. The total of all these little problems makes an acute problem for society.

In the United States, the problem of having more children than are wanted or can be

supported is largely found in one class—the lower socioeconomic group. In the upper classes, women have the knowledge, means and methods of limiting the size of their families. Sometimes the families, such as the Carter family in our story, have a decided gap in this phase of their sex education or they have no such education at all.

While "the rich get richer and the poor get children" is an old saying, it need no longer



**Vacations and travel can be available for the planned family.**

be true. In Florida, the woman who cannot afford to go to a private physician for information on family planning can get this information from public

health clinics. Many of the women in the lower socioeconomic group have all the children they want; they should have the same privilege en-

joyed by the more affluent—the right to voluntary child-bearing.

often the recipients of charity and the ones who benefit from campaigns to raise money for voluntary agencies.

All governmental and voluntary agencies must take an interest in family planning. It is the people who cannot support their families that create most of the public health problems. They are the ones who have the highest rate of communicable diseases (such as tuberculosis and venereal diseases), who live in substandard housing, who are frequently out of work, who are often on relief, and who are repeatedly involved in crime. They are more

The taxpayers have an interest in family planning, because it is their dollars that go to pay for the care of unwanted children. During the fiscal year of 1963-64, Florida families who had dependent children received \$19.4 million in federal and state aid. Not all the children were unwanted, but these were families who had to receive help in caring for the offspring they did have.

## *A Private Decision*

The decision as to how many children a couple is to have is one which must reside within the family. It is a voluntary decision of the parents and should not be forced upon anyone.

may result in children, no baby should be born who is unwanted and unloved. No infant should be denied the birthright of a home, enough to eat, good health, clothes to wear and the opportunities of a full life.

At the same time, no child should be conceived irresponsibly. Although the sex relations enjoyed by a man and woman

Through family planning, parents can avoid having unwanted children. By ways developed by science, they can seek help in avoiding unwanted



pregnancies the same as they can seek help for venereal disease control, cancer detection and maternal care. When parents practice birth control, their children can receive a fair share of their parents' attention.

Birth control does much to stabilize the relationship of the father and mother. When they choose each other and together begin to build their lives according to their ideas, they should have some information on family planning. Too frequently, many couples have nothing but ignorance about birth control or just bits of information. The parents with higher educational and social status or aspirations are likely to have more adequate knowledge about sexual relations and conception.

Birth control can rid parents of a fear of unwanted pregnancies and in turn give them an opportunity to have children when they feel they can afford them and when they want them. Sometimes, a woman feels that having children gives her a sense of respectability. When the woman and man plan their family, the mother has much more of a chance of surviving a delivery and of feeling well.







**Overpopulation is a danger that threatens the health and welfare of our civilization.**

## *The Conception*

To better understand birth control, it is necessary to have a clear idea of the chain of events leading to the conception of a baby—the union of a male's sperm and the female's egg that starts the pregnancy.

During sexual intercourse, the man deposits the approximate equivalent of a teaspoon of semen containing half a billion sperm cells in a woman's vagina. Only one sperm is needed to fertilize the egg, but millions seem to be required to penetrate the womb (uterus) and thus enable some of their number to move beyond the womb to the Fallopian tubes where an egg cell may be waiting. Once there, the sperm has power to fertilize the egg for as long as 48 hours.

The woman usually develops and releases only one egg a month from one of her two ovaries. This process (ovula-

tion) occurs about 14 days before each menstrual period. On its way to the uterus, the egg cell passes into the Fallopian tube where it can unite with the male sperm. Meanwhile, certain female hormones prompt the lining of the uterus to form new tissues to receive and nurture the egg.

If the egg cell is not fertilized, it remains active for about half a day. It cannot implant itself in the uterus and soon breaks up, and since the uterine lining is not needed, it dissolves and is sloughed off in the next menstrual period.

Because of this sequence, a woman can conceive only during a limited time about half way in her menstrual cycle. The "fertile period" consists of the days before ovulation during which the male sperm can survive in the tubes plus the half day the egg cell is active. This period may vary from woman to woman and from month to month so it is extremely difficult to date with certainty.

## Preventing Unwanted Pregnancies

There are several methods of avoiding pregnancy. Most man-made contraceptives set up a mechanical or chemical barrier to block the union of the sperm and egg cell.

A new oral contraceptive is different. It accomplishes the same end by restraining ovulation temporarily so no egg is present to meet the sperm. This new method is the estrogen-progestin compound—popularly known as “the pill.” *It is available only on prescription and should be taken only under a physician's direction.*

After a fertilized egg is settled in the lining of the uterus and begins to grow, additional eggs must not descend into the uterus to compete in varying stages of development with the first. The woman's ovaries send a message to the brain to stop

sending out hormones to trigger the egg-cell production. Their messengers are two other hormones—progesterone and estrogen.

The contraceptive pills mimic the action of these natural hormones and signal the section of the brain that stimulates the egg production to stop. The pills are able to do this by means of tiny amounts of chemicals which resemble the original hormones.

Physicians do not prescribe the pill (or they prescribe it only with special precautions) for women with certain conditions. These include suspected or known liver trouble, kidney disorders, hypertension and a history of illnesses such as breast or uterine cancer and blood clots.

## Devices, Foams and Jels

Drugstores in Florida carry a wide variety of contraceptive devices for women, but it is unwise to buy one without

being fitted by a physician who will explain how to use it correctly.

The *diaphragm* is a shallow cup of flexible rubber that is placed in the vagina in such a way as to cover the entrance to the uterus (cervix) and the wall around it. As an extra precaution, it is lubricated before insertion with a chemical cream or jelly which acts as a barrier.

The *cervical cap* is another vaginal appliance that must be fitted by a physician. This cap, made of soft rubber, is placed directly over the cervix, like a thimble on a finger. The main drawback to the cervical cap and the diaphragm is that many women find it difficult to master the technique of capping the cervix which lies deep in the vagina.

There are a number of *uterine devices* made of various materials, silkworm gut, stainless steel and plastic, which come in different sizes and shapes—coils, rings and loops. These are inserted in the uterus by a physician. It is not known

exactly how they work, but one theory is that while the device does not prevent fertilization of the egg it does prevent nesting of the fertilized egg in the uterus and a resultant pregnancy.

*Jels, creams and aerosol foams* are more simple contraceptives which are used without any device. To act alone, the cream or jel must be a powerful sperm-killer and must spread a fairly long-lasting film over the surfaces of the vagina.

Vaginal tablets and suppositories are other chemical contraceptives which, when moistened slightly and inserted, distribute a thick, sperm-killing foam that blocks the cervix, creating a mechanical as well as a chemical barrier.

Many kinds of "folk" remedies of sponges or other material moistened with vinegar or water have been used by women for many years in attempts to prevent pregnancies. A sperm-killing chemical, packaged with a round rubber or plastic sponge, is currently available. The chemical is applied to the moistened sponge, and the foam saturated sponge is put in the vagina before in-

# U.S. POPULATION GROWTH



**1900 - 76 MILLION**



**1940 - 131.6 MILLION**



**1960 - 180 MILLION**

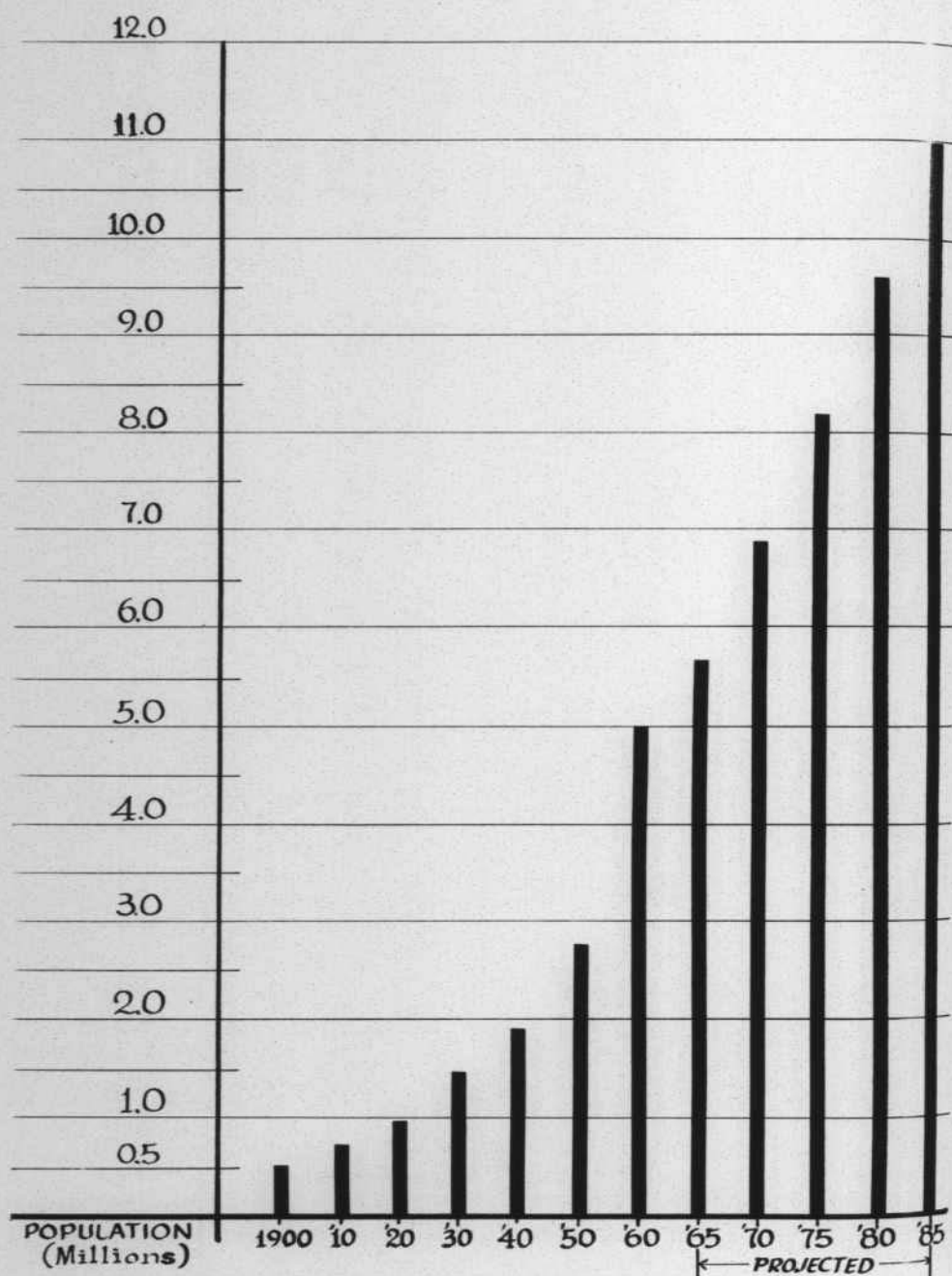


**2000 - 340 MILLION**

**SOURCE: U.S. BUREAU OF THE CENSUS**

PLANNED FERTILITY - WORLD POPULATION  
215 MADISON AVE. NEW YORK, N.Y. 10022





### POPULATION GROWTH IN FLORIDA

Florida was a slow-growing state during the first half of the 20th Century. In the next 20 years, the population will nearly double (according to the forecast of Florida State Board of Health statisticians).



tercourse and left there for six hours afterwards.

The *douche* is not considered an effective contraceptive—although many people think so. Water kills sperm and a douche will flush out the bulk of them but since the sperm move into the cervix within seconds, even using a douche without delay cannot dispose of all of them.

The *condom* is a contraceptive device widely used by men as a birth control measure. It is made of thin, strong rubber

or latex which fits over the male organ and provides a high degree of insurance against pregnancy if it remains intact.

All of these contraceptive devices are available to rich and poor alike. While the cost of having a physician fit some birth control devices must be considered, most of the liquids, foams, jels and creams are available for only a few cents at drugstores. The pill is available from a private physician or the family planning clinics in County Health Departments.

## Other Methods

There are other methods of birth control which do not use chemicals or mechanical devices. Two of these methods rely only on self-control.

The *rhythm method* is the only method of family limitation approved by some religious groups. A woman can become pregnant only around the

time when one of her ovaries discharges an egg cell—usually 12 to 16 days before her menstrual period. To avoid conceiving, she foregoes sex relations not only during this fertile period but also for three or four days before and after to insure against error. To prepare for using this method, the woman must keep track of her menstrual period for several months. She should then have the help of a physician or fam-

ily planning clinic in charting the days of her fertile period.

The other method that relies on self-control is the *withdrawal*, which means that the man withdraws from the woman's vagina just before reaching his climax.

*Voluntary sterilization* is sometimes used where conception could produce physical damage or the woman may have

a disease so serious that pregnancy would kill her. A husband or wife, who has an affliction that the children would inherit, may ask for sterilization. Most often couples ask for this method when they have so many children that another would be a cruel burden. Perhaps they are not able to use other types of contraceptives or don't know about them. Sometimes a physician will recommend sterilization to preserve life or protect the health of the mother.

## *Florida's Child Spacing Program*

Since there is no law in Florida either promoting or forbidding the provision of family planning advice or materials, the State Board of Health and the County Health Departments carry out this function under the general public health authorization to improve the health and well-being of Florida's citizens.

In 1942, the Florida Medical Association encouraged all physicians to offer child spacing advice and services to their

patients when based upon medical need. The association also asked that such services and advice be offered by public health maternity clinics operated by the State Board of Health through the County Health Departments.

Since the County Health Departments in Florida are combined efforts of the Board of Commissioners, the county med-

## *A Statement of Policy*

In 1965, the State Board of Health adopted as a public policy a family planning guide which outlines rules for the provision of this service to all women of Florida who need and seek it and who cannot afford to obtain it through private facilities. In the *Family Planning Guide*, the State Board of Health says:

"We submit that the child spacing service suggested herein is a component part of a complete public health program and that it should be an integral portion of the continuum of care offered through the Maternal and Child Health activity of the health departments."

ical societies and the State Board of Health, establishing of family planning programs always involved the participation of these groups.

Most child spacing services are provided by public health physicians and nurses through public health clinic facilities. In some communities, the clinics function through the county hospital, and in other communities local physicians assist by providing the services in the clinics. In all cases, sound medical practices are followed through physical evaluation, determination of the patient's desires in regard to the contraceptive to be used, and a program of cervical smears to rule

out the presence of cervical cancer. Although all currently acceptable methods of contraception are available, the majority of patients seek the pill.

No patient is turned away because of the lack of funds, and the service is provided for the woman who cannot pay, as well as the patient who wishes to make a small contribution but who cannot afford the full cost of private care.

As of September 15, 1965, 66 of Florida's 67 County Health Departments were providing this service to women through their clinics. While there is no specific count of the total number of patients served,



it is estimated that more than 7500 patients are under regular care throughout the state.

At the maternity clinics, the physician or nurse has an opportunity to learn what the mother's wishes are about additional children. If the subject appears appropriate, family planning is discussed and usually the mothers welcome service of this kind.

This is a far cry from the clinics where mothers with numerous children attend for additional maternity service. Public health nurses report from visits to the homes that these families have very little with which to care for the existing children and that there are very few conveniences and no luxuries.

With the exception of two counties, which provide their materials from local funds, 64 County Health Departments receive contraceptive supplies from the State Board of Health's Bureau of Maternal

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**A mother, surrounded by her preschool children, seeks the help of a public health nurse for health needs of her family—including family planning.**





and Child Health.

The State Department of Public Welfare adopted family planning in 1965 as one of the principles of its service pro-

gram and requested state funds to defray the cost of this service for public assistance recipients, particularly those receiving Aid to Dependent Children.

## *Responsibility and Freedom*

No couple should adopt a contraceptive method that violates their religious faith. Birth control is a private, personal matter which cannot be imposed on anyone. At the same time, no group should attempt to deny child spacing information and services to others in the community who want them.

Like all freedoms, the freedom to bear or not to bear a child implies responsibility. Contraception must not be an excuse for empty, immature or improper use of sex. It is necessary to help young people to appreciate sexual relation as the most intimate communion between a husband and wife and to have a better grasp of the responsibilities of family planning when they become parents.

Family planning gives parents at every economic and social level a chance for choosing when they will have their children and thus planning a rational and rewarding family life.

### *Private Agencies*

There are four or five private agencies in Florida which are affiliated with Planned Parenthood-World Population, a national organization carrying on educational programs. Some of these agencies also assist the public health agencies in different ways, by providing uterine devices or pills for patients or helping to staff a clinic with physicians, nurses and/or clerks.

Illustrations: pages 26, 34, 39 and 42, Planned Parenthood-World Population; 30, Florida News Bureau.



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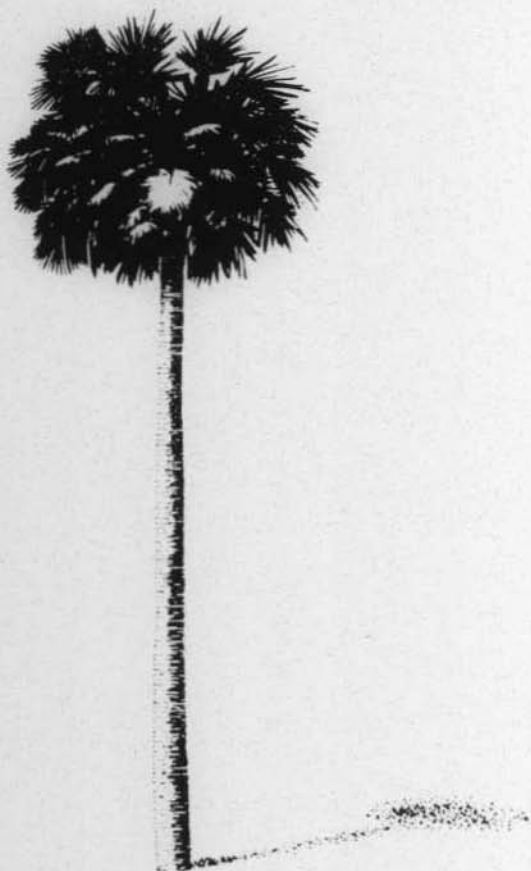
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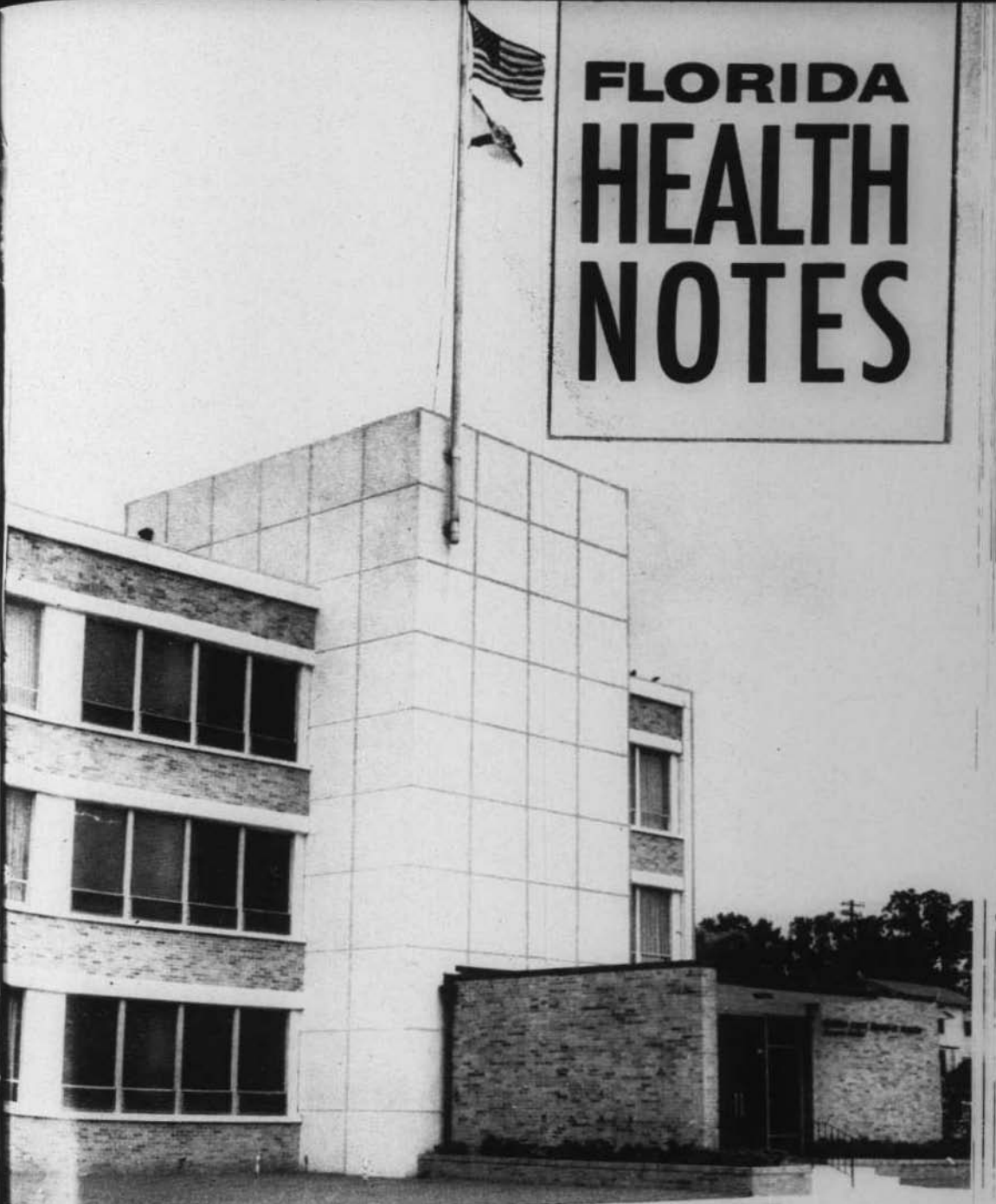
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# FLORIDA HEALTH NOTES

VOLUME 58 — NO. 3

MARCH

1966

*Swimming Pools*



Daddy's strong arms are waiting as this little swimmer learns to love the pool, and to respect its rules and regulations for safe, happy bathing.

# Swimming Pools

Swimming pools are a fascination for most people. Once the exclusive property of the wealthy and a mark of distinction for the successful, swimming pools are now becoming more available to the average family.

Florida, the playground of the nation, has thousands of public and private swimming pools. They range from the most sumptuous at Miami Beach and other exclusive resorts to the children's backyard plunge tanks. The climate in this subtropical state permits swimming the year around so hotels, motels, apartment houses and other establishments catering to the tourists are finding that a swimming pool is necessary for a successful business. Homeowners are discovering that pools add to their entertaining of guests and contribute to the comfort and aesthetic beauty of the home.

The state has every conceivable variety of fresh and salt water bathing facility. The county governmental agencies, such as the County Health Departments, zoning boards and plumbing inspectors, exercise a variety of operation and maintenance controls ranging from strict and frequent inspection of public pools to literally nothing at all over private swimming facilities.

But, let's look at a typical Florida scene.

The Young family is having a poolside party in their backyard. A half dozen children are splashing in and diving into the pool; they are occasionally shushed by their elders and told to stop running. Mr. Young is barbecuing steaks on the grill; several adult guests are relaxing in the sun.

We hope the Youngs know how to take care of their pool. This issue of **Health Notes** will tell them and you, our reader, about the steps necessary to maintain a clean and sanitary swimming pool and the safety precautions needed.

Let us make it clear at the beginning that we are dealing with the



operation and maintenance of pools and not with their construction. Of course the construction must be correct and the equipment must be of proper design and size. Some counties have specific rules and regulations regarding the construction of swimming pools while others depend on building codes and zoning regulations. But in some parts of the state, a resident can dig himself a hole and fill it with water—and call it a private pool. The law and health authorities will not bother him unless his pool clearly becomes a menace to public health.

There is, of course, a distinct difference between a public pool and Mr. Young's private pool, and this is recognized by most authorities. For our purpose, a public pool is any pool in which persons other than the immediate family or house guests of the owner-operator bathe or swim. This rule of thumb could be applied to a pool on private property in which neighborhood swimming classes are held, or where informal groups gather for neighborhood fun, whether admission is charged or not. In such cases, the county sanitarians may ask the pool owner to operate his pool as if it were a public swimming pool. Where this may be an eventuality, the pool should be kept to public pool standards or modified to meet them.

We will ask our reader to accept for the moment the rule that a swimming pool is a tank made of concrete, metal, plastic, marble, stone, brick or some other material, placed in or above the ground, in which people can swim or bathe. Some public pools are large enough to accommodate several hundred people at one time. Some private (and public) pools are designed so small that they are more for aesthetic beauty than for swimming and are just oversized bathtubs. If the tanks are not regularly cleaned and the water replaced or recirculated often enough, the pools will become highly polluted. It is then that swimming pools can become a health problem.

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#### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.



Clean, pure water in a well-operated bayside pool provides healthful recreation in contrast to the disease or discomfort the bathers may find in the nearby natural waters.

## A Pool

is, as stated above, a body of water in which people swim. Usually the water starts out as clear and clean liquid; it is subject to invasion by microorganisms from the air and from the skin and body openings of bathers. Many of these organisms are harmless. They are the same as those found in any body of undistilled water. Many of the other organisms are pathogenic (disease creating) and these must be controlled. Also there are organisms of plant life, such as algae which can build up until they constitute an unpleasant slime in the pool.

The water in a pool must naturally come from an approved source of drinking water. This can be a municipal water system or an approved



In some sections of the state, nearly every other home is constructed with a pool as one of its assets.

well. The public saltwater pools in the state use water from saltwater wells. In either case the water must be filtered free of silt, lint and other filterable matter, and chlorinated to kill harmful bacteria. In a recirculated pool, it is also pumped through the filter system every six to eight hours.

### No One Knows

when swimming became a part of man's activity. He has always associated with water, either rain or drinking water. Cave men may have enjoyed their dips in a cool lake or stream. When a flood isolated their river front cave, they may have discovered that by wildly thrashing their arms and legs they could stay afloat.

In our January 1966 issue of **Health Notes**, we referred to the discovery of ancient ruins in what is now Pakistan which indicated the use of bathrooms with flushable toilets as early as 3700 years before Christ. These people at Mohenjo-Daro also had a swimming pool with provisions for drainage. The British archaeologist who described the ruins offered the opinion that the pool could have been built only by

people who had centuries of experience in building such pools.

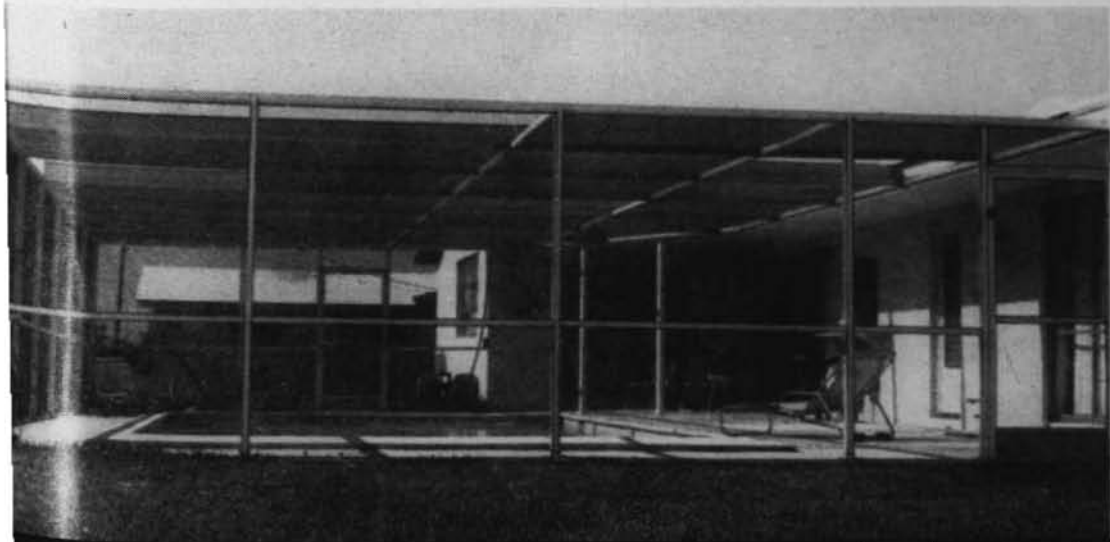
Other ancient people had swimming pools. The Egyptian pharaohs had large pools in artistic shapes within their palaces around 3000 B.C. They paid strict attention to the need for frequent changes of water and brought water by pipes or canals from the Nile or underground springs. The Greeks had heated pools and, according to Plato, regarded the inability to swim as a mark of the uneducated. The always practical Romans built enormous pools which were used for swimming, bathing, water supply and fishing. But they did not dump sewage into them.

The knowledge of swimming pools and sanitation, the same as ancient classical languages and literature and so many other things, was preserved for us through the Dark and Middle Ages by the monasteries. During the latter part of the 18th century, the elite of European and American society began to build floating baths. These were large barges, usually anchored by a river bank, with pools built inside them. River water flowed through the pools after a rather casual filtration which removed floating sticks and dead fish. As the population grew and pollution increased, these pools finally went out of use, although some were still functioning a few decades ago. While enjoying these floating baths, our great grandfathers felt it best for men and women to swim on different days, in spite of the voluminous bathing suits which covered the ladies from toe to chin.

Florida's public health history does not record the location and year of construction of the state's first swimming pool. The problem of pools

---

This pool is screened against insects — or uninvited guests — but there is no barrier to keep unsupervised children of the family away from the pool.



and their sanitary operation became one of such magnitude by 1919 that the Legislature passed an act adding the responsibility for pools to the Sanitary Code and naming the State Board of Health as administrator. By 1921 there were 25 pools with state permits scattered about Florida.

After the great depression and the influx of federal money, the State Legislature of 1939 adopted a new Sanitary Code. Fourteen new chapters were added, including one which required engineering designs of swimming pools. Permits were issued for the operation of 108 pools that year; seven applications were denied for noncompliance with the new Sanitary Code. This code, with minor revisions, is the one in effect today, although some new amendments are being prepared.

In 1952, the State Board of Health issued operating permits for 107 pools, adding to those which were continuing valid, for a total of 355 pools at the end of the year. This is a sharp contrast to some 3700 public pools under permit and many thousands of private pools in use in Florida by the end of 1965.

### **Public and Private Pools**

are identical except for size, water treatment, recirculating equipment and peripheral scum gutters, and for the number of people using the pools. The amount of chemicals and the frequency of mechanical cleaning procedures are often greater in public pools but otherwise public and private swimming pools have the same problems. Health authorities recognize the fact that a man's home—and accompanying swimming pool—is his private domain. The gigantic task of inspecting private pools, as well as approval of their plans before they have been constructed, has thus far been out of the jurisdiction of health authorities.

### **Legal Responsibilities**

The matter of the legal responsibility of the private pool owner in case of accident is not one on which *Health Notes* is qualified to give advice. The legal principle known as "maintenance of an attractive nuisance" might be applied in a case where a child wandered onto the property and drowned in a pool. The attractive nuisance is something the prospective pool owner might well discuss with his attorney when considering whether or not to construct a pool on his property.



Public or private, a pool needs a good set of ground rules for smooth operation.



Let us understand that when we speak of rules and regulations for operating and maintaining swimming pools, and we use phrases such as "a pool operator . . ." or ". . . is required to . . .," we are referring only to public pool operators. Mr. Young, the private pool owner, is under obligation only to his own sense of propriety—not the law.

### **In Pool Construction,**

regulations are a different matter. A high percentage of Florida's residents live in counties or cities which have building codes, zoning regulations and/or specific laws regulating the construction and equipment of pools, both private and public. A few rural and thinly populated counties have no legal restrictions on buildings or pools. A citizen can build a structure so flimsy that it will fall down or even burn up—or he can dig a hole and call it a private pool.

The legal requirements for such pool construction vary so greatly from county to county that **Health Notes** cannot undertake to describe for the reader what to expect in his county. Instead, we will print a brief condensation of the suggested ordinances and regulations covering private residential swimming pools as prepared for study by the Joint Committee on Swimming Pools and Bathing Places of the Conference of State Sanitary Engineers and the American Public Health Association. Keep in mind that this is a sample law with its accompanying regulations, and that when the work on it has been completed—the consultation and changes—it will be made available to municipal governments for passage as local laws. Some cities and towns may make changes in the suggested ordinances; others may not, while some may

take no action. Similarly, some legislative delegations may possibly adopt this code for submission to the State Legislature, if a special law for private pools in unincorporated areas of a county is considered.

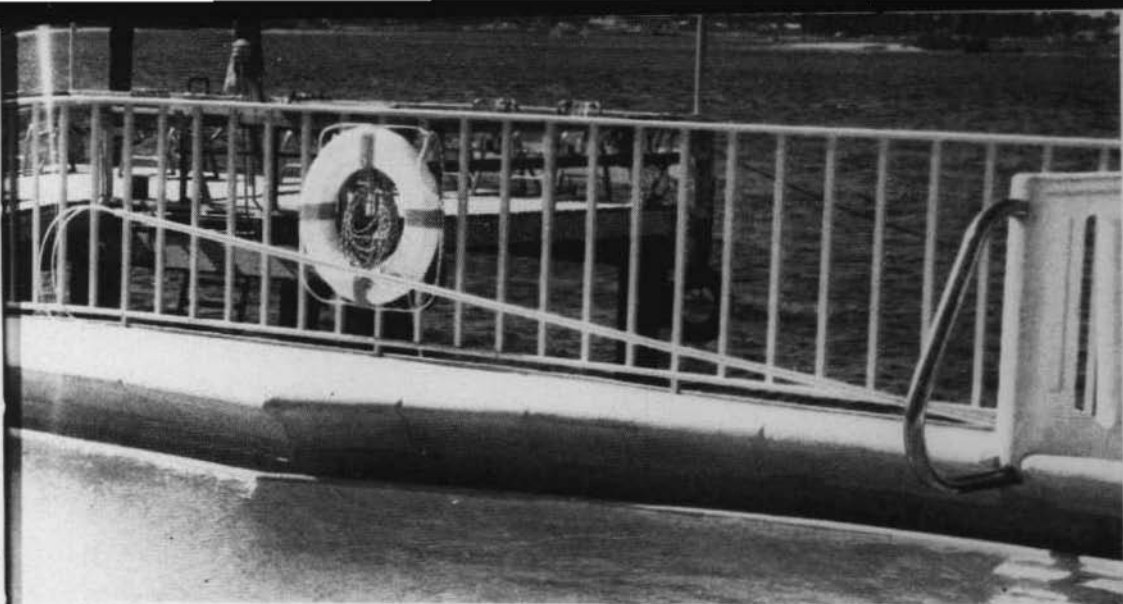
Drastically condensed, the proposed ordinances would define a private swimming pool as one on private residential property, used by the owner, his family and invited guests, and require:

1. Plans and specifications for construction be prepared by a licensed architect or engineer and approved by the County Health Department.
2. County Health Department approval cover such things as water supply and sewer connections; all structural details, including plumbing and electrical work and recirculation and filtration equipment; safety and first aid equipment; fences, lights and ventilation (if the pools are indoors).
3. The County Health Department be given the right of issuing and revoking permits for pools, the right of entry and inspection of pools.
4. A fine to be levied in case of noncompliance with the law.

(Note: The legal aspects, as well as budgets for this work, would have to be reconciled for the County Health Departments before such pools can be governed by municipal ordinances.)



The underwater vacuum cleaner is a great help in removing grit and sand and other small, nonfloating particles from the pool.



Life preserver and hook — they're like insurance; it's better to have them available and not need them, than to need them and not have them.

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### **Technical Requirements**

included in the proposed rules and regulations would require many pages to present here. Drastically reduced, they are:

1. Approved potable water sources to be used with protection against backflow. Well or sea water may be approved.
2. Approved disposal to be used with protection against backflow.
3. Pool to be strongly constructed and covered with smooth, light-colored, easily cleaned surface (with no earth or sand bottom), gradually sloped with drain at bottom, multiple inlets for larger pools; overflow gutters or skimmers provided and handholds at pool edges.
4. Complete recirculation system required which will recondition the water and disinfect the pool in 12 hours or less.
5. Complete filtration system (required).
6. Chlorination and acidity control (required).
7. Nonslip walkways, draining away from pool, shall surround it. The pool walls shall show depth markings; nonslip steps or ladders required at each end of the pool.



A country club wading pool is emptied and hosed down regularly to keep it clean for the children.

8. Diving board details and clearance and depths are specified. Fence or enclosure is required.
9. A kit for chemical testing of water to determine chlorine content and acidity.
10. Lighting, if used, to be adequate for safety. Wiring shall conform to code standards.

These rules and regulations are what public health people would propose as protection for the family and guests of private pool owners. To Mr. Young, they would seem not to vary greatly from the laws, rules and regulations governing public pools which are already in effect in Florida.

Health officials are frank to admit that a program to inspect private pools would add an extra burden to their workload and, in many instances, unless more personnel were added to the County Health Department staffs for this purpose, such inspections would be few and

at irregular intervals—or not made at all. It is up to Mr. Young to see that keeping a clean, properly operated pool is his responsibility regardless of the existence or nonexistence of a local private swimming pool ordinance.

## **A Pool Needs**

maintenance. That fact is obvious to the most casual observer. It can be assumed that Mr. Young will take the necessary measures to keep the water in his pool looking clear and sparkling. He will skim off the surface accumulations, whatever they may be, and empty and scrub the pool if it becomes coated with scum due to unsatisfactory or inadequate operation. Equipment for cleaning a pool is available from commercial sources.

But is there something Mr. Young is likely to forget? Because he is not trained in microbiology, he is likely to neglect the functions that protect his family and friends against invisible dangers—bacteria.

Mr. Young does not need to take pool water samples, culture them and examine them under a microscope. The methods for keeping bacteria under control are well established and can be followed with confidence by the average pool owner. These procedures involve the control of the acidity of the water and the maintenance within the pool of a residual amount of chlorine which will keep the bacteria under control.

The most important factor in bacterial control is chlorination. This is handled properly and adequately by any number of chlorinators available to the pool owner. It is to the credit of the pool construction contractors that they are insistent that a chlorinator be included in the original plans, even in areas where there is no legal control. A chlorinator is a piece of machinery involving a pump and other parts which is attached to the pool plumbing. It adds and mixes chlorine to the pool water as it is recirculated through the filtering system. The machinery

### **Wading Pools**

Wading pools are not swimming pools. They are rarely more than shallow concrete basins with a drain at the bottom. But they serve small children who have tender skins and a tendency to deposit body wastes in their excitement. The children probably swallow more of the pool water than adults. Wading pools should be emptied frequently and scrubbed. Between cleanings they should have a daily application of a few tablespoonsfuls of ordinary household bleach.



has valve controls which allow the pool operator to increase or decrease the amount of chlorine to be added as needed to maintain a proper level.

Chlorine, as you know, is a common ingredient usually added to water in a public utility and is maintained at a level which is harmless, invisible and capable of killing bacteria. Sometimes "city" water is known to taste "funny" at times because of this chemical. The universally accepted amount of chlorine for level maintenance in a swimming pool is approximately .3 part per million. This is the amount that Mr. Young should maintain in his pool. He should make a test of the water to determine the level of the chlorine content 20 minutes after adjusting the chlorinator and setting the circulator of his pool system. Kits are available from commercial sources for testing the water.

### The Other Factor

in bacterial control is acidity. This is perhaps secondary to the chlorine, but it is important. If you think of acidity in terms of pH (which indicates the level of acidity or alkalinity of water), you will understand the statement that a well operated pool should have a pH factor very close



You may call it gadgetry, but a lot of equipment, large and small, is needed to operate a pool efficiently and make the tests required to maintain a sparkling pool.



## **Courses for Pool Operators**

Every year several of the County Health Departments sponsor courses for public swimming pool operators. The State Board of Health, which is responsible for the control and operation of public pools, participated in courses conducted by Dade, Escambia, Hillsborough, Leon, Orange and Pinellas County Health Departments during 1965. Private pool owners, who desire information concerning the operation of their pools, can receive assistance and guidance from these courses.

to 7.6. Those not familiar with this laboratory measurement would understand that figure if it were translated into "slightly alkaline."

This condition of the swimming pool water is necessary because humans cannot tolerate too much acidity. Mr. Young knows that an excessive amount of chlorine in the water will burn the skin, eyes and mucous membranes of the body. To maintain this alkaline condition, he will add anhydrous sodium carbonate (soda ash), common washing soda, sal soda or some other commercial product. It is also important for him to remember that the chlorine will not be efficient when alkalinity of the water rises very high above the pH factor of 7.6. The various acidity control chemicals and mixing mechanisms for their introduction into the pool water are available from the usual commercial sources.

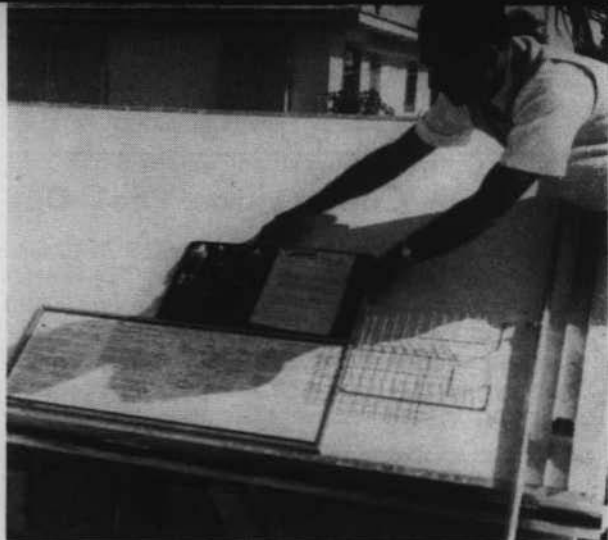
The subject of swimming pool ownership and operation can be summed up this way. The State Sanitary Code gives the State Board of Health a good law regulating the construction and operation of public pools. The County Health Departments administer the operational part of this code and rarely is there any trouble encountered by bathers in such facilities. The state also has dozens of pool contractors and salesmen who know how to build and how to instruct Mr. Young in operating a pool that will serve him and his family. We can say that the only way he can go wrong is to ignore deliberately the help and instructions given him. The proper chemicals and devices for good pool operations are available. The prospective pool owner receives no information at the time he is having his pool built or is building it himself. If he will buy these things and use them, he will be on the way to satisfaction with his pool.

### **Here Are Several Tips**

to keep your pool clean and sanitary!

**Tip 1**—Brush your pool frequently. Dirt settles to the pool's sides and

Instructions for making chemical tests of pool water are clearly posted in a protective frame beside the necessary bottles, tubes and other equipment.



bottom and brushing stirs it up so that it can be carried off by the circulation system. Dirt which settles in the indentation of the plaster will eventually stain the pool so that it will have to be drained and acid-washed.

**Tip 2**—Never add acid and chlorine together. When acid is added first, it brings the pH into balance so that the chlorine is more effective when it is added.

**Tip 3**—Don't use greasy suntan oils. The grease quickly clogs up the filters, permitting the pool to get dirtier faster and is harder to clean. There are greasless suntan oils on the market.

**Tip 4**—Require swimmers to wear bathing caps. Hair, pins and fasteners clog up the filter and drains.

**Tip 5**—If you do not use your swimming pool during the cooler months, care of the pool must continue. It is still necessary to add chlorine, and keep the pH in balance because scale may form and algae will grow. Less chlorine will be needed because lesser amounts of bacteria are introduced into the water but the pool still needs to be brushed and vacuumed, although less frequently.

**Tip 6**—If you have a cover over your pool, it should be lifted regularly during the off-season, chemicals added and the pool brushed and vacuumed. If you just pour in the chemicals without brushing and running the filter, you'll have a layer of salt on the water by spring.

**Tip 7**—If you do not have the time to care for your pool, there are commercial service companies in many areas of the state which will do the job—for a price.

## Pitfalls and Warnings

are necessary. If we assume that Mr. Young has a well constructed pool and that he is keeping it clean and safe by recommended procedures—what then? Then we should use the pool wisely. Humans are not aquatic animals. Their acquisition of necessary oxygen through breathing, their skins, mucous membrane, eyes and ears are all intended by nature for an air environment—not water. If humans are to use and enjoy a pool, they should remember that they are not fish.

If the swimmer is a child who is equally excited and unwise, every possible human and mechanical precaution against drowning should be taken. Children should always be under the watchful care

of an adult. *NO ONE* should ever use the pool alone.

Rubber or plastic toys should be afloat on the pool when children are swimming, for even the smallest child will instinctively grasp for something to pull himself to the surface if he is in trouble. When they are in or near the water, small children should wear life preservers or vests.

There should be life rings with lines attached on each side of the pool and a shepherd's crook on a pole longer than half the width of the pool ought to be nearby.

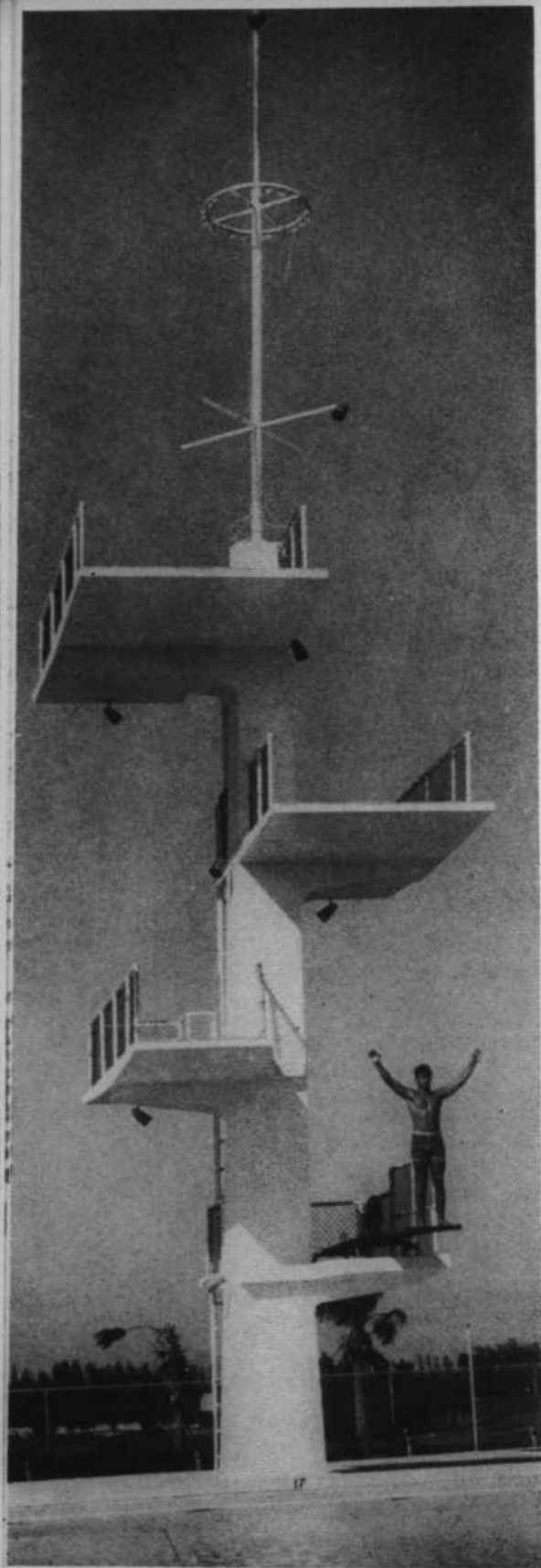
A first aid kit is essential and sound judgment would dictate that someone in the group of swimmers should be trained in life saving and water safety practices. This training is available through the Red

## Should We Build a Pool?

A woman from a middle class neighborhood heard that we were going to have an issue of *Health Notes* devoted to swimming pools. She volunteered the following:

"A few years ago we received a small inheritance and we decided it would be nice to invest the money in a backyard pool. The children were in school and they and their friends were wild about the idea. We built the pool and enjoyed it immensely for three years. Now the young people are gone, and that pool lies there — just a big, old puddle. And the real estate man says the house will be harder to sell because of the added cost of maintaining the pool."

Once a pool is constructed it is there to stay. It cannot be torn down and carted away like an unused chicken coop. It certainly seems wise to consider very carefully the long range effects on the property and the pocketbook before adding a pool to your property. Contractors tell us that a home pool will cost about \$3000, and around \$100 a year to operate properly. Some public health authorities feel the operation would cost more than twice that much.



Cross, Young Men's Christian Association or other agencies.

No one should stay in the pool too long. Too great exposure to water softens the skin, making it easier for germs to enter and susceptible to scrapes and scratches. Such exposure also affects the mucous membranes, softening them and washing away their protective coatings.

The continuous washing out of the eyes' protective fluids can be harmful and the ears tend to become irritated.

Water draws away body heat at a rate 25 times faster than air. This can be eventually exhausting even on a warm day. Swimming, diving and the vigorous play usually enjoyed around a pool are—so far as the body is concerned—hard work and should not be carried to an extreme. A South Florida child is said to have died of sheer exhaustion in a wading pool. Improperly attended, he played until he could not move his muscles, fell down and drowned.

Children and adults can live best with a swimming pool if they realize that it is not all the same as a relaxing day in the yard or the family room.

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A diving tower like this one is a beautiful sight, and adds greatly to the enjoyment of a pool. Of course such a complex structure is designed by a competent engineer, and the water beneath it must be considerable.

Illustrations: pages 54 and 57—Florida News Bureau



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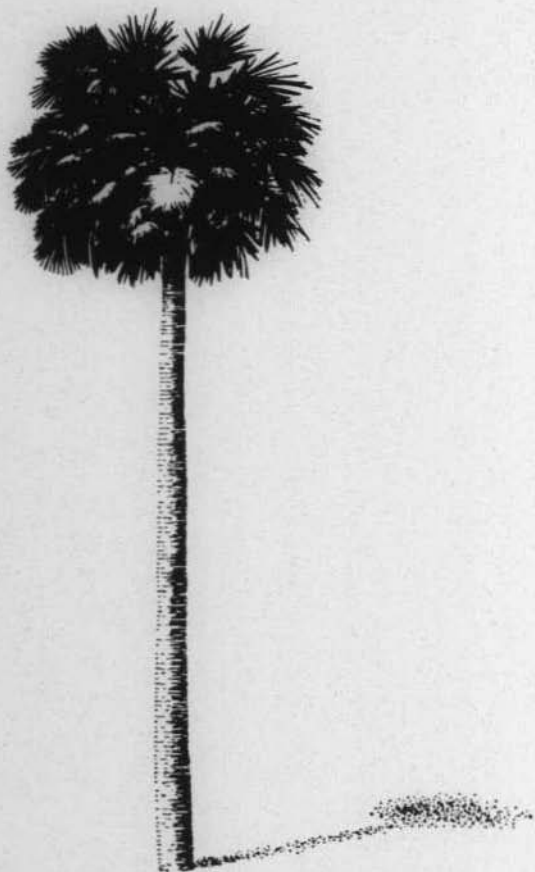
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# FLORIDA HEALTH NOTES

VOLUME 58 — NO. 4

APRIL

1966

**Birth Certificates**  
*- Why We Need Them*

FLORIDA STATE LIBRARY



Bruce has a birth certificate on file in the fireproof vaults of the State Board of Health. He will need it as he grows older.

# BIRTH CERTIFICATES

## - *Why We Need Them*

*"State Board of Health  
Jacksonville, Florida*

*Gentlemen:*

Will you please send the birth certificates for Linda \_\_\_\_\_, Vicky\_\_\_\_  
\_\_\_\_\_ and James \_\_\_\_\_ or should I ask if I can get them. I  
lost theirs somewhere around the house. . . ."

. . .

"There is a need from the U. S. Navy Finance Center, Cleveland,  
Ohio, for a copy of my son's birth certificate. Due to constant moving  
around, apparently I have lost the original birth certificate. . . ."

. . .

"I represent the mother of a child who was born in \_\_\_\_\_, Florida  
on February 9, 1965. The child was then named Female \_\_\_\_\_. We  
would like to correct the birth certificate to add the child's given  
name. . . ."

. . .

"I would like to inquire about my birth certificate. I have a slip of  
paper that tells that I have one filed, but it doesn't tell anything about  
me except my birth date. . . ."

. . .

"I am writing you for a birth certificate as I have never had one.  
They wasn't out in those days when I was born and I have never had to  
have one. But now something has come up, I need one and would like  
for you to give me one as soon as possible as the parties are rushing me  
for it. It's in a case of a will and I am entitled to part as my husband's  
widow. . . ."

. . .



"Please send a duplicate birth certificate for Iris \_\_\_\_\_ born in 1944, March 11, ..... County, Florida. . . . the information is urgently needed in order to secure a marriage license.

• • •

"The above-named individual is confined to the \_\_\_\_\_ State Hospital . . . and is presently NCM. We are endeavoring to obtain Social Security benefits and would appreciate it if you would search your records and determine whether you have a birth certificate for her. . . ."

• • •

"The above-named child who was born in Tampa, Florida, in 1950, has been adopted and we are seeking to obtain a new birth certificate for the adopting parents. . . ."

• • •

"I need a birth certificate to show for employment. The only identification I have is my certificate of baptism. Since I was born in Havana, Cuba, I have no way to get a duplicate certificate. . . ."

• • •

"I am planning to take a trip in March and in order to obtain a passport, I find that I need a birth certificate with a *raised seal*. . . ."

• • •

"I had a baby born in \_\_\_\_\_, Florida, May 4, 1962. We live in Alabama but my husband was working in Florida at the time. I am wondering how I could get a birth certificate for him. In Alabama we send to Montgomery for one. It is small with black background (like a negative) with white small letters. . . ."

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#### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

Florida's Vital Statistic Laws require that every baby born in the state be registered.



"Please send six (6) copies of my son's birth certificate to him at \_\_\_\_\_ University. He needs them for employment in industries. . . ."

. . .

"Please give information as to getting records of my birth for social security as I am now 59 years old and no word except family Bible of my mother's. . . ."

. . .

We get letters. Hundreds of letters each week!

People from throughout Florida and the United States (and sometimes from foreign countries) need and want certified copies of their birth certificates. As shown by these excerpts from actual letters received by the State Board of Health during a three-day period, people give a variety of reasons for needing proof of their birth or the birth of a member of their family.

### *Birth Proof Needed*

In our complex society we are often called upon to show proof of our birth, age or place of birth. Until a few decades ago nearly everybody lived all of their lives in one community. Everyone knew everybody else; they knew the particulars of a man's birth and life. Today people in our complex society are constantly on the move from one place to another. Few adults live in the same community where they were born. This mobility requires a constant keeping of records.

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS			CERTIFICATE OF LIVE BIRTH		BIRTH NO. <u>109-</u> <u>65-07020</u>	
FLORIDA			REGISTRAR'S NO. <u>65</u> <u>7185</u>			
1. PLACE OF BIRTH a. COUNTY <u>Duval</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Florida</u> b. COUNTY <u>Duval</u>			
c. CITY, TOWN OR LOCATION <u>Jacksonville</u>			CODE NO <u>26-083</u>		f. CITY, TOWN OR LOCATION <u>Jacksonville Beach</u>	
e. NAME OF HOSPITAL (If not in hospital, give street address) <u>Baptist Hospital</u>			d. STREET ADDRESS <u>223 - 2nd Avenue North</u>			
g. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? <u>26-106</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CHILD	3. NAME (Type or print) First <u>Bruce</u> Middle <u>Quentin</u> Last <u>NesSmith</u>					
	4. SEX <u>Male</u>		5a. IF TWIN OR TRIPLET, WAS CHILD BORN SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6. DATE OF BIRTH Month <u>Sept</u> Day <u>2</u> Year <u>1965</u>	
FATHER	7. NAME First <u>Elma</u> Middle <u>Carlton</u> Last <u>NesSmith</u>		8. COLOR OR RACE <u>White</u>			
	9. AGE (at time of this birth) <u>23</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Florida</u>		11a. USUAL OCCUPATION <u>Barber</u>	
MOTHER	12. MAIDEN NAME First <u>Althea</u> Middle <u>May</u> Last <u>Schoonover</u>		13. COLOR OR RACE <u>White</u>			
	14. AGE (at time of this birth) <u>19</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>New York</u>		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth): a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many still born (fetuses born dead at 28 weeks or more after conception)? <u>0</u>	
17. INFORMANT <u>Mother</u>						
I hereby certify that this child was born alive on the date stated above.		18a. SIGNATURE <u>Charles J. Scott</u>		18b. ATTENDANT AT BIRTH M D <input checked="" type="checkbox"/> D O <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) <u></u>		
		18c. ADDRESS <u>1550 Riverside Ave., Jacksonville, Florida</u>		18d. DATE SIGNED <u>September 10, 1965</u>		
19. DATE REC'D. BY LOCAL REG <u>SEP 13 1965</u>		20. REGISTRAR'S SIGNATURE <u>Maude Lyle, Jr.</u>		21. DATE ON WHICH GIVEN NAME ADDED BY <u></u> (Reporter)		

VALID ONLY WHEN CERTIFICATION APPEARS ON REVERSE SIDE

The original document remains in the vaults but a certified copy can be secured by Bruce (when he is 21 years of age), his parents or guardian by filling out an application and paying a dollar. People who may request a certified copy are . . .

In order to keep tabs on the number of people born (and those who marry and those who die) governments have passed laws requiring that these events be recorded. A birth certificate is a statement that the event took place. A certified copy of the birth certificate or birth card available from the Bureau of Vital Statistics of the State Board of Health may be used as legal evidence but more will be said later about these documents.

Because birth certificates are so important in our daily lives, this issue of *Health Notes* is devoted to this aspect of vital statistics and will tell you something about the laws concerning birth records, what is required in reporting a birth, the procedures needed to obtain a certified copy of a birth certificate and how people use these documents.

## *Numbering the People*

There are two ways of counting the people who live in the United States. One way is to count them every 10 years, as the Federal Government does. The second way is to count the people as they are born and die. Both methods are part of demography which is the study of size, density, growth, distribution and migration of populations and the effects of these changes on social and economic conditions.

You may ask why is it necessary to count the people.

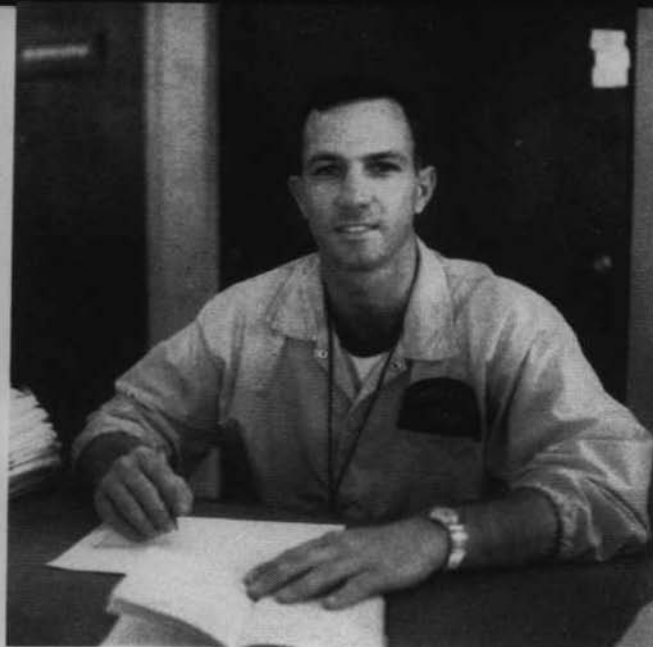
One important reason is to determine the basis for electing representatives to both state and federal governments. When the Constitution of the United States was written, the authors specified that a census be taken every 10 years to determine the number of representatives each state would send to Congress.

But we are more interested in the health reasons for keeping vital records. By keeping records of births, public health officials will know what groups of people are having more or fewer babies and what are some of the factors that increase or decrease the number of babies (such as war or depression). Governmental agencies can plan for educational facilities, administration of welfare programs, increase of utilities, determination of military policies and other projects.

Information on birth and death certificates can give public health authorities knowledge on pending disease epidemics, maternal and in-

... the elementary school principal when Bruce enters school for the first time ...





... the high school coach  
when he goes out for  
sports ...

fant deaths, stillbirths and cause of deaths by age and sex. Birth and death records are only part of vital records. Marriages, divorces, change of names and annulments are some of the other parts of the work. The Bureau of Vital Statistics supplies needed statistics and facts to other bureaus and divisions of the State Board of Health, and it works closely with similar agencies in other states, the U. S. Public Health Service's statistical branches, the Census Bureau and other federal agencies.

### *An Old Idea*

The recording of important events in a person's life is not new. Occasionally leaders of an ancient tribe or kingdom would count their people for taxing or military reasons. During the days since medieval history, the keeping of records of births, marriages and deaths was the duty of the church. Ceremonies for baptisms, marriages and funerals were noted in dusty ledgers. But the records were not complete, for only those persons who were members of the congregation were recorded. Some dates are confusing today because it was the date of the fee which the people paid that was noted in the ledger, not the events of birth, marriage, or death. The recording of the fees were the important aspect in the keeping of church records.

Because of the importance of property, title inheritance and seniority of sons, many wealthy families kept detailed records of births, marriages and deaths to prove family history.



The earliest birth records on the North American continent are found in the annals of the Catholic Parish at St. Augustine which date back to 1594. However, the governments of Massachusetts and New Plymouth Colonies kept vital records from their beginning and took the work out of the hands of the church. When the United States became an independent nation, the Federal Government was authorized by the Constitution to keep records. Another early example of the state taking over the keeping of vital records is the Napoleonic Code of 1804 which made the French government responsible for recording births, deaths and marriages and set up the machinery to carry out the laws.

Some of Florida's cities passed ordinances in the latter part of the 19th century requiring the registration of births and deaths. Key West has vital records dating back to 1865. The City of St. Augustine started keeping records in 1880 and Ocala and Pensacola have records from 1890.

### *Who Is Responsible?*

The Vital Statistics laws require that the physician or midwife attending the birth prepare and file a birth certificate within 10 days with the local registrar. In many places where the baby is born in a hospital, the institution takes over the filing of such documents but the attending physician is still responsible and must sign the certificate. Where there is no physician or midwife attending the birth, the father or mother of the child, the householder or owner of the premises or the manager of the institution, public or private, is responsible for filing the birth certificate.

Limited collection of vital records became statewide in 1899 when the legislature passed a law requiring physicians to report births and deaths but since there were neither rewards or punishments nor local registrars to collect the records, the law was largely ineffective. The 1915 Legislature passed the "Model Vital Statistics Act" which became effective January 1, 1917. This was the first competent registration law for recording births, deaths and stillbirths in Florida. In 1927, the recording of marriages and divorces was centralized in the State Board of Health. Even though the recording of births has improved over the years, it is still not perfect because some physicians, midwives and/or hospitals fail to report all of the births.

Despite the fact that many of the more socially-advanced nations have some form of recording of vital statistics, only 60 per cent of the people of the world are systematically counted. This means that statistics issued by the United Nations or World Health Organization are only estimates and no one really knows the exact number of people on the planet.

### *Florida's Vital Statistics Laws*

Under Florida's vital statistics system, the State Health Officer is the State Registrar and each of the directors of the County Health Departments, as representative of the State Health Officer, is the local registrar for his county. Each of these registrars appoints a deputy to assist him or act in his absence. Sub-registrars may be named by the State Registrar for the convenience of residents of a particular district and these may receive death, stillbirth and birth certificates and issue burial-transit permits for the county to which they have been assigned.

All sub-registrars send their certificates to the local registrar of their district within seven days of receipt and not later than the third day of the following month.

The local registrar checks the birth certificates to make sure they are properly filled out and then sends the original documents on the fifth day of the following month to the Bureau of Vital Statistics. There they are rechecked for missing items, numbered, indexed and bound in a volume to be filed permanently in a fireproof vault.



... the Highway  
Patrol examiner  
when he applies for  
a driver's permit  
(and he is under 18  
years of age) ...

... the recruiting officer when he enlists in the Marine Corps ...



### *What Is Reported*

The birth certificate contains information required by the national agency in charge of vital statistics and which is necessary for legal, social and health purposes.

The birth certificate requires the following:

- ° place of birth (county, city and name of hospital, if that is where the birth took place),
- ° the usual residence of the mother,
- ° name and sex of the child,
- ° multiple or single birth,
- ° date of birth,
- ° name, age, race, birthplace and occupation of father and in what kind of business he is engaged,
- ° name, age, race and birthplace of the mother, and
- ° number of children born to the mother; how many alive, and how many born dead.

The document asks the following questions for medical and health use:

... the supervisor of registration when he registers to vote at 21 years of age ...



How long was the pregnancy? What was the weight at birth? Was the birth legitimate? Were prophylactic drugs put in the baby's eyes (also time after birth and name of drug)? Was the mother given a test for syphilis? What was the date of the test?

### *A Confidential Document*

A birth certificate is a confidential document of the state and the original is kept as a permanent record in the vault of the Bureau of Vital Statistics. A *certified photostatic copy*, without the medical and health details, is available *only* to the individual concerned (if he is 21 or older); either parent, guardian, legal representative and certain health and social agencies of the state and federal governments. The information about legitimacy and other medical facts concerning the birth are available at the direction of a circuit or higher court. This certified copy bears the facsimile signatures of the State Registrar, the Director of the Bureau of Vital Statistics and the Director of the Division of Vital Records and imprinted with the seal of the State Board of Health. The cost for a certified copy is one dollar.

A *birth registration card*, giving the date and place of birth, race and sex of the individual and certificate number of the individual, may be issued for one dollar to any qualified applicant. This short form of the birth certificate is legal proof of birth date and place.

## *Born Out of Wedlock*

Birth certificates for children born out of wedlock are recorded by the Bureau of Vital Statistics but the facts of illegitimacy are kept confidential. Disclosure of illegitimacy is forbidden by law unless the State Registrar is ordered by a court to do so, or the person requesting the information gives satisfactory evidence that he is 21 years of age and he is the person named on the certificate.

The law gives the mother the right to give her illegitimate child any surname she wishes but it should be the name the child will actually use. This name need not be her legal or maiden name but she may not

### *Adoptions*

When a couple adopts a child and the clerk of the court in which the proceedings occur files the necessary papers with the Bureau of Vital Statistics, a new birth certificate is prepared for the child, giving the new name and the names of the new parents. Nothing is noted on the certificate to show that the parents are adopting the child and the original certificate is sealed and filed away never to be opened except by order of a court.

If the child was born in another state, the parents or their attorney must arrange for the new birth certificate to be filed in the state of the child's birth.

list the father's name on the birth certificate without his signature on the birth certificate as informant. He must also sign a statement that he is the father and wishes to be known as such.

When the parents of an illegitimate child marry, the child becomes legitimate. In such cases, the Bureau of Vital Statistics prepares a new birth certificate, upon notice from the parents or their attorney, and the old birth certificate is sealed and filed away, never to be opened except by a court order.

In 1964, 11 per cent of Florida births were registered illegitimate. This may not be the total number as many babies born out of wedlock are not registered as such.

### *Amendments to Birth Certificates*

About 90 days after a birth is registered, the Bureau of Vital Statistics sends the parents a small photocopy of the birth certificate. This is





... an attorney if Bruce should inherit the estate of a rich uncle . . .

a courtesy to new parents to inform them of the registration and give them the opportunity to correct any minor errors on the certificate before it is bound in the permanent volume.

This little copy is not certified and cannot be used for legal purposes. Within six months of birth, the parents may correct by affidavit any item on the certificate which is in error—except parentage, race or color. Correction of these items require documentary proofs, usually the submission of the birth certificates of both parents when there is a question of race or color involved, or a court order when there is to be change of parentage.

### *Delayed Birth Certificates*

If a certificate is not filed within 12 months following the birth, the Bureau of Vital Statistics cannot accept it as an original certificate.

When a delayed birth certificate is filed, documentary proofs of the facts of the birth must be submitted and a fee of five dollars paid. The older the person involved, the more documentary proofs are necessary. A delayed birth certificate will not be accepted by the Bureau until the records have been searched to determine that a birth certificate is not already on file for the person. Such search is done at the expense of the applicant and costs one dollar for each year of records to be searched.

As evidence in filing a delayed birth certificate, some people apply to the U. S. Department of Commerce's Bureau of Census at Pittsburg, Kansas, for a search of the federal census records. Information is available

from the 1880, 1900, 1910, 1920, 1930, 1940, 1950 and 1960 censuses. Application blanks for a search of the federal censuses are available from the Bureau of Vital Statistics.

### *Commercial Use Forbidden*

While birth records are confidential documents of the state and access to them is restricted by law, there are commercial companies which are interested in lists of newborn babies and their parents for business reasons.

These people do not have access to State Board of Health records but some organizations appear to get rather complete local lists by copying birth announcements from the local newspaper and matching the names to what they assume are the correct parents in the telephone book. Some groups are interested in selling such items as baby foods, wearing apparel, toys or other items to parents. Others are only interested in lists of stillbirths or deaths of young infants in order to sell memorials or cemetery headstones.

The Bureau of Vital Statistics once received a call from an irate wife who had been solicited to buy things for a baby attributed to her husband—the wrong father.

### *How Do People Use Birth Certificates?*

There are a variety of reasons why people need birth certificates. Such a document is not needed every day but it is desired for many important occasions in a person's life. Some of these occasions are:

*Entering school*—A certified copy of a birth certificate is preferred by school authorities but some other document, such as a passport, which shows the child's name and age, may be submitted.

*Driver's permit*—The Florida Highway Patrol examining officer must see a certified copy of a birth certificate for any applicant under 18 years of age.

*Employment*—A certified copy of a birth certificate may be required of high school students seeking summer or part-time work. One is often required by the Board of Education for issuing work permits. Some employers ask for copies from applicants who are seeking jobs.

*Voter registration*—A certified copy of a birth certificate may be required for registering to vote for the first time. If the applicant is accompanied by one or both of his parents, this requirement may be waived.

*Enlistment in Military*—A certified copy of a birth certificate is required for enlisting in any branch of the U. S. Armed Forces.

*Marriage*—While a certified copy of a birth certificate is not required by license bureaus, a statement that the applicants are of age must be signed. If the applicants are under 21 years of age, their parents must sign the marriage application form.

*Passport*—A certified copy of a birth certificate or birth registration card (for adults) is required when applying for a passport. When visiting countries bordering the United States, such as Canada, Mexico, Bermuda or the Bahama Islands, a copy of one's birth certificate is usually the only necessary document.

*Change in military draft status*—Some Selective Service boards require a certified copy of the birth certificate of a child born to a married man listed with the board in order for that man to get a change in draft status. Some boards merely require the man to sign a statement that his wife had a baby.

*Military allotments*—A certified copy of a birth certificate is usually required of servicemen by military finance centers in order for the men to draw allotments for his dependents.

*Veteran's benefits*—Certified copies of birth certificates may be needed by a veteran to prove children as dependents or by the children in cases where a parent was disabled or killed.

*Income Tax deductions*—The Bureau of Internal Revenue of the U. S. Treasury Department may require certified copies of birth certificates to substantiate dependents listed on income tax returns.



... the employee of the Clerk's Office of the U. S. Circuit Court when he applies for a passport to travel abroad . . .

... the clerk in the Social Security Administration office when he applies for old age benefits at 65.



*Insurance policies*—A person may be called upon to supply a certified copy of his birth certificate to substantiate a birth date.

*Inheritance*—A certified copy of a birth certificate is often needed to prove relationship, age or place of birth.


*Old age benefits*—A certified copy of a birth certificate is often necessary to establish one's age when applying for Social Security benefits or other pensions.

### *Promoting Immunization*

Through the use of birth certificates the State Board of Health is promoting the immunization of young children. Thirty-eight Florida counties, which have 79 per cent of the state's annual resident births are in this vaccination assistance program.

After the child's birth certificate is filed with the Bureau of Vital Statistics, IBM cards are prepared and sent to the County Health Department when the child is three months old. These cards are mailed to the child's parents urging them to begin the new baby's immunizations. If the parents fail to respond, they are contacted a second time, possibly telephoned, or are visited by a public health nurse. Immunizations against polio, diphtheria, whooping cough and smallpox are emphasized.

The first step in this program is usually completed by the time the child is six months old. An identical follow-up is made on the same

BIRTH REGISTRATION CARD			
<b>FLORIDA STATE BOARD OF HEALTH</b>			
BUREAU OF JACKSONVILLE		 VITAL STATISTICS FLORIDA	
NAME	Bruce Quentin NesSmith		
BIRTH DATE	Sept. 2, 1965	BIRTH NUMBER	109- 65-070208
BIRTH PLACE	Jacksonville FLORIDA		
RACE	White	SEX	Male
RECORD FILED	Sept. 13, 1965	DATE ISSUED	Jan. 17, 1966
<p style="text-align: center; font-size: small;">This is a true certification of name and birth facts as recorded in this office. (Not valid unless the Seal of the Florida State Board of Health is affixed)</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p style="font-size: large; font-family: cursive;">E. H. Williams, Jr.</p> <p style="font-size: small;">BY _____ DIRECTOR, BUREAU OF VITAL STATISTICS</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-weight: bold;">WILSON T. SOWDER, M.D., M.P.H.</p> <p style="font-size: small;">STATE REGISTRAR</p> </div> </div>			
STATE OF FLORIDA			

A birth registration card is considered legal evidence for date and place of birth, race and sex and may be obtained from the State Board of Health for a dollar.

child when he is between 15 and 18 months old to urge completion of the series and to remind the parents of necessary boosters.

### *How to Get a Certified Copy of Your Birth Certificate*

If you already have a certified copy of your birth certificate—hang on to it! You may need it. If you don't have a copy, do not wait until the minute you need it to ask for one; or, if you are not sure your birth records are complete, now is the time to do something about it.

One man came to the State Board of Health one afternoon recently saying he needed a certified copy of his birth certificate "right away." He had a chance to get a railroad job and his prospective employer was asking for a copy of his birth certificate before he could be hired. No record of the man's birth was found. . . . and we guess he did not get the job.

If you were born in Florida, your original birth certificate is probably on file in the vaults of our headquarters in Jacksonville. You can receive a certified copy by applying (and enclosing one dollar) to the Bureau of Vital Statistics, Florida State Board of Health, Box 210, Jacksonville, Florida 32201. Or you may visit the state headquarters at 1217 Pearl Street in Jacksonville.



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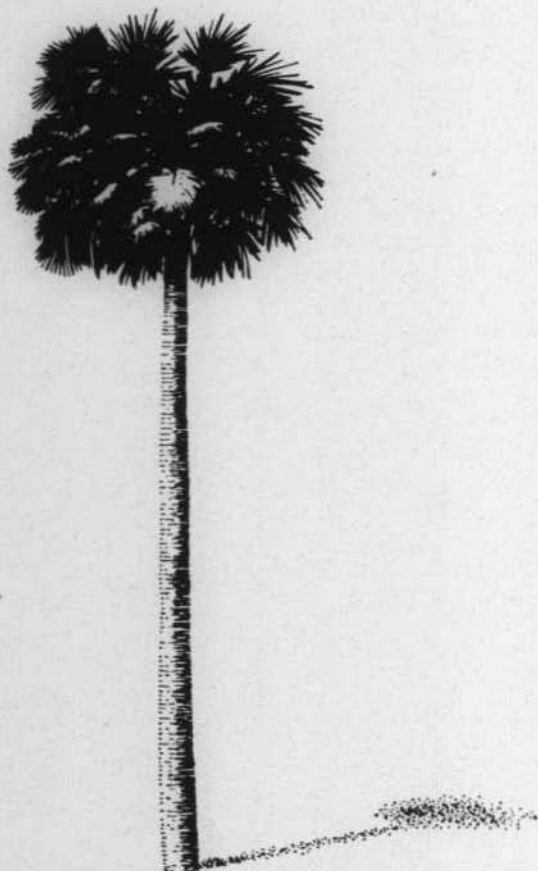
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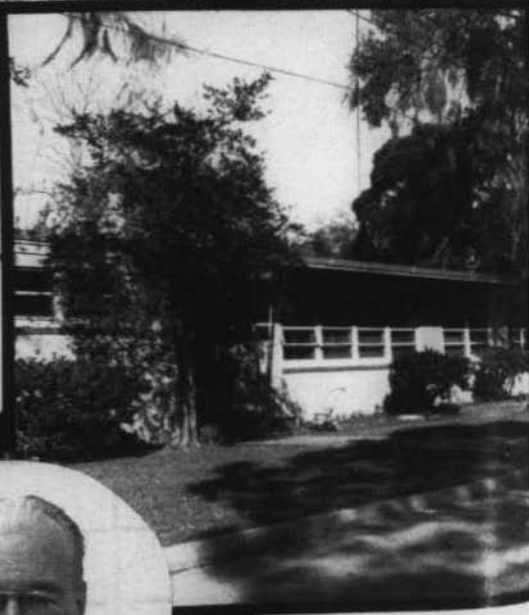
# FLORIDA HEALTH NOTES

VOLUME 58 — NO. 5

MAY

1966

Profile of a County  
Health Officer



# Profile of a County Health Officer

How well do you know the Director of your County Health Department?

Have you ever met him? What do you know about him?

The men who are Directors of Florida's 42 county health units are busy men but they are busy about something that concerns you—YOUR HEALTH.

A county health officer (sometimes called director) is a physician with special training in the field of public health. Where the private physician is concerned mainly with the health of his patients, the public health physician is concerned with the health of the whole community and his pursuits are aimed at prevention and control of diseases, education of the people of his county in better health, and work toward an improved environment in which to live.

His work is frequently praised by the people of his community but sometimes it is condemned when he urges strict health measures, such as the installation of a sewerage system in a community where septic tanks will not work. The county health officer works long hours (sometimes long after most of his staff have gone home) and attends endless numbers of meetings.

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(Opposite page) The county health officers we discuss in this issue of *Health Notes* are: Dr. C. L. Brumback (top) shown with his Palm Beach County Health Department headquarters, and Dr. A. Y. Covington, director of the Clay-Bradford-Union unit, with the Union and Bradford county buildings (middle) and the new Clay County Health Center.



Florida has 67 counties which are joined into 42 County Health Units. Twenty-five of the counties are in single units; nine of the units are bi-county; and eight are tri-county units. The counties range in population from Dade County, with over a million persons to Liberty County, which has 2800. Some of the counties are so small that they are unable to finance a County Health Department of their own—complete with director, sanitarians, nurses and clerks. The 1931 Legislature passed the County Health Unit Enabling Act which allows some of the smaller counties to form a multi-county unit and share a director.

This issue of **Health Notes** is dedicated to the men who head the County Health Departments. We will tell you how they are selected, what are some of their legal responsibilities, how they carry on their work, to whom they are responsible for their programs and who reaps the benefits of their labor.

The County Health Departments and their directors, while supervised by the State Board of Health, are not subservient to the state agency but are partners in the work to improve the health of the people of Florida.

To better illustrate our point and because the County Health Departments are so vastly different, we have departed from our usual custom of not using names of real people but will discuss the lives and work of two of Florida's outstanding county health officers. The two are:

**A. Y. Covington, M.D., M.P.H.**, director of the Bradford-Clay-Union unit, who will represent the small county health departments, and

**C. L. Brumback, M.D., M.P.H.**, director of the Palm Beach County Health Department, who will represent the large counties.

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#### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

## **Appointing a County Health Officer**

A county health officer is frequently hard to find. He must be a graduate of an accredited medical school, and according to State Board of Health policies, secure his medical license in Florida within two years. For more effective service, the health officers are urged to take post-graduate work in public health. Approximately 20 of the county health officers have either their master's or doctor's degree in this special field.

Because financing a County Health Department is a cooperative effort, the selecting and appointing of the health officer is a joint undertaking of the State Board of Health and the Board of County Commissioners. If a county is looking for a health officer, the State Board of Health locates a man for the position, makes the necessary investigations (as to his education, experience and suitability) and then recommends him to the County Commissioners for employment. The Board of County Commissioners is the actual hiring agency in all situations.

While the county health officer is responsible to the State Board of Health for the actual operating of the health department which he directs, the County Commissioners are the ones who employ or discharge him.

Because of his close association with the County Commissioners, the county health officer must keep them informed of his plans for the operation and programs of the department. He should cultivate their interests and earn their support for his programs and budgets. Since the members of the Board of County Commissioners frequently are not technical men when it comes to health problems, they need to look to the County Health Department for guidance when technical or medical problems arise.

## **Responsibilities**

As a Deputy to the State Health Officer, the county health director is required to cooperate with local authorities in the enforcement of all the state laws regarding health, the State Sanitary Code and other environmental health statutes. He is required to plan and initiate measures for the prevention and control of communicable diseases set by the statutes under which the State Board of Health operates, serve as local registrar of vital statistics, recommend hospitals and nursing homes



for licensure, and promote enforcement of any local laws which the State Legislature, Board of County Commissioners or city or town council passes.

The members of the State Board of Health, as an official body, are the final authority on health matters in Florida. The Board, in turn, delegates its authority, with the exception of policy making, to the State Health Officer. Under this officer are a number of bureaus and divisions, including the Bureau of Local Health Services which supervises and assists the county health officer in his work.

It is to this bureau that the county health officer sends payrolls, salary requisitions and other employment papers, reports of monthly activities, expense statements, travel expense accounts, bills, requests for supplies and other paper work involved in the administration of a health department. Some reports, drug and biological orders, vital record certificates and other papers are mailed to the other divisions or bureaus.

The earliest efforts in the field of public health were confined solely to the suppression of epidemic diseases. Modern public health, however, has many other aspects. The county health officer has as his duties the carrying out of programs which have to do with the communicable diseases, vital statistics, maternal and child health (including school health), environmental sanitation, laboratory services, health education, chronic diseases and other health problems with their ramifications.

### **The County Health Officer — His Staff and Community**

The early edition of the health officer was a man who often worked alone in a county, did the work himself and sometimes became frustrated because he couldn't accomplish more. Today the County Health Departments have a minimum staff of public health nurses, sanitarians and clerks. Some of the larger counties have such additional personnel as sani-

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(Opposite page) During a busy day in Clay County, (1) Dr. Covington attends a luncheon meeting of an advisory council; (2) he examines a patient in prenatal clinic; (3) a staff nurse conducts a class for expectant mothers; (4) another talks to a class of public health nurses; (5) a third takes a blood pressure reading; (6) a fourth nurse interviews a patient; (7) a sanitarian catches up on some paper work.

tary engineers, health educators, dietetic consultants, venereal disease control officers, epidemiologists, dentists, mental health workers and others.

In large units, the county health officer is an administrator and spends most of his time coordinating the work of others, with little time to do actual clinical work or acquaint himself with the details of each employee's job.

In addition to being an administrator the county health officer in the smaller counties must do much of the work himself and he must be a "specialist" in health education, nutrition, medical procedures, public relations, personnel and business management, environmental sanitation, and other fields. The County Health Department staff is frequently too small to implement the programs which the county health officers and the staff would like to carry out.

Although a county health officer may be a "foreigner" to the county to which he reports, he does not remain so. He quickly becomes an integral part of the local community through a number of ways. He becomes part of the community, professionally and socially. For the best work and to accomplish more, the county health officer becomes a permanent resident of the community.

He is personally acquainted with local governmental officials, such as various mayors, city council and school board members, judges, law enforcement officers, and other appointed and elected officials in the municipalities of his county.

It is important that the county health officer be an active member of the county medical society and that he work closely with all the physicians in the county in planning together to meet the health needs of the citizens. If he belongs to a church or lodge, the county health officer often is an active member; he enters into civic life and frequently

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(Opposite page) In Bradford County, (1) Dr. Covington listens to the chest of a young patient; (2) the sanitarian checks Starke's new sewage treatment plant; (3) a VD investigator interviews a patient for contacts; (4) one nurse greets a waiting room full of patients; (5) another nurse gives a vaccination; (6) the receptionist answers a patient's questions.





serves on the board of directors or is an officer or an active supporter of voluntary health agencies, golf clubs or cultural societies.

While doing what he can to promote health in his community, the county health officer often has an advisory council to assist him in reaching the people with the public health program. Health councils can be an invaluable aid, both in the public health programs and to the public. Their function is to advise the professional staff of the needs which they see in their communities, to interpret to the public and to their own groups the objectives and functions of the program, to promote the program in every possible way, and to assist with selected volunteer jobs.

A wide range of lay representation is usually on these councils and members come from city or county commissioners, city councils, school systems, Parent-Teacher Associations, local medical societies, labor unions, ministerial alliances, nursing organizations, hospitals, dental associations, the press and other interested citizens.

The county health officer usually has a good working relationship with the local news media. The records of the County Health Department are confidential but the statistical records are often an excellent source of news and information which the people should have. Two objectives of the County Health Department are served by publicity and the dissemination of information. The former keeps the health department before the public and the latter is a means of educating the public to better health and the needs of the local health unit for its support.

## **Budgets and Finances**

The county health officer is the man who initiates the County Health Department budget and presents it, along with reasons to support his programs, to the Board of County Commissioners of his county and State Board of Health.

Budgets are commonly financed by the State Board of Health, the Board of County Commissioners and the County Board of Public Instruction. Some of the municipalities contribute to the support of the department; some funds are given by private sources; and a little money results from the collection of fees. Sometimes the County Health Department receives federal money through the State Board of Health for special projects and programs, health care of welfare patients and disease control.

## THE SMALL COUNTY UNIT

Florida has 17 multi-county units serving populations ranging from 15,000 to 76,000 persons. The tri-county unit with which we are concerned, Bradford-Clay-Union, has a combined population of about 45,000 persons.

The largest and fastest growing of the counties is Clay. It has an expanding economy and because of its location, just south of populous Duval County and Jacksonville, it is a main recreational area with lakes, woods and fields for boating, hunting and fishing. There are nine large camps (Boy and Girl Scouts, YMCA, etc.), one of the state's largest dairy farms and two large communities for retired persons (Memorial Home Community at Penney Farms and Moosehaven at Orange Park).

Bradford County has a thriving tourist business along its major highway with the necessary restaurants and motels requiring constant supervision. There are a large pulp wood industry, cattle raising and some agriculture which requires a few migrant workers who frequently cause concern for the County Health Department.

Union County, the smallest of the three, is devoted mostly to pulp wood and agriculture, although the State Prison at Raiford adds to the county's economy.

### The Man in Charge

Dr. Covington, who heads this tri-county unit, has served 20 years as director. A native of Tennessee and reared in Kentucky, he is a graduate of the University of Louisville Medical School, following pre-medical education at Vanderbilt University. He interned at the Good Samaritan Hospital, Lexington, Kentucky, received his master's degree in public health from Harvard University and is certified as a specialist by the American Board of Preventive Medicine.

Dr. Covington served as a county health officer in Kentucky for 10 years prior to his service in the U.S. Air Force during World War Two. While on terminal leave in 1946, he was employed as the director of the Clay-Bradford unit. (Union County came into the unit the next year.) While serving as county health officer, Dr. Covington was active in the Florida National Guard for a number of years and retired in February



of this year after 30 years of military service; the latest post as Commanding Officer of the 35th Mobile Surgical Hospital, Miami.

Dr. Covington is a member of a number of social, civic, military, fraternal and professional organizations, in some of which he is or has been an officer, a national delegate or a committee chairman. He is a courtesy member of one hospital staff and an active member of a second. These organizations and his responsibility as a county health officer require many meetings. These requirements take so much of his time that he is badly behind in his fishing, hunting and stamp collecting—a fact which he regrets.

### **Work in a Tri-County Unit**

Dr. Covington's staff consists of 21 professional, administrative and custodial employees in the three health departments. He is responsible also for the activities pertinent to a consulting psychiatrist, a physical therapist and a venereal disease investigator. In one county he also directs an Arthropod Control Program which has an additional three full-time and two part-time employees.

Because he is the only physician on the staff, he does all of the clinical work in the three counties. This includes:

**Maternity clinics**—Examines mothers during prenatal and postpartum periods.

**Well baby clinics**—Examines infants and preschool children and gives mothers advice on nutrition and growth and development.

**Intestinal parasites** (hookworm and ascaris)—Examines patients; supervises treatment when indicated and oversees follow-up necessary to correct causes of infections.

**Acute communicable diseases**—Consults with private physicians

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(Opposite page) (1) Dr. Covington examines a boy at the Union County Clinic; (2) office work keeps the clerk busy while the sanitarian answers the telephone; (4) the sanitarian inspects Lake Butler's new sewage treatment plant; (3) New public housing in the county seat, one of the projects backed by the County Health Department, replaces some of the older shacks (shown in 5).



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where treatment and control of these diseases are concerned; explains to families involved why control measures are necessary.

**Venereal diseases**—Examines patients and diagnoses and treats these diseases. The venereal disease investigator checks information as to sexual contacts of the patients and this physician examines these contacts.

**Tuberculosis**—Examines patients and their associates; initiates hospitalization for persons with active tuberculosis; supervises follow-up of persons discharged from hospitals and distribution of medicines given at home to these persons.

**Immunization programs**—Plans and supervises these programs which are carried out by public health nurses.

## County Health Department

SANTA ROSA	A. E. Harbeson, M.D.
SARASOTA	David L. Crane, M.D., M.P.H.
SEMINOLE	Frank Leone, M.D.
VOLUSIA	D. V. Galloway, M.D., M.P.H.
BAKER-NASSAU	B. F. Woolsey, M.D.
CALHOUN-JACKSON	Terry Bird, M.D., M.P.H.
FLAGLER-PUTNAM	James R. Sayers, M.D.
FRANKLIN-GULF	John W. W. Epperson, M.D.
GADSDEN-LIBERTY	B. D. Blackwelder, M.D., M.P.H.
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PASCO-SUMTER	John L. Ingham, M.D.
BRADFORD-CLAY-UNION	A. Y. Covington, M.D., M.P.H.
CHARLOTTE-DESDOTO-HARDEE	Francis R. Meyers, M.D.
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HOLMES-WALTON-WASHINGTON	William G. Simpson, M.D., M.P.H.
MARTIN-OKEECHOBEE-ST. LUCIE	Neill D. Miller, M.D.
SUWANNEE-DIXIE-LAFAYETTE	John S. Williams, M.D.

**School health**—Plans programs and objectives in cooperation with school authorities. Work includes physical examination of children who need it, screening for physical and mental defects and acting as medical advisor on all school health matters. Examinations of members of athletic squads and teachers are also included in his responsibility.

**Mental health**—Supervises drug therapy for persons on furlough or discharged from state hospitals; confers with teachers, juvenile court judges and consulting psychiatrists on follow-up care of patients.

While these activities are the basic foundation for work in his tri-county unit, Dr. Covington, in cooperation with his staff and other community agencies, plans and initiates all of the programs for each

county. Because the problems and needs of the counties are different, the programs must be flexible and frequently changes are made during the year. Planning for special programs consumes much time. For example, X-ray surveys, special preschool clinics and mass immunization clinics are conducted periodically. In cooperation with local physicians, mass oral polio immunization programs were successful in all of the counties under his supervision. A recent hurricane made countywide typhoid immunization clinics necessary.

In two counties, public health nurses do a complete community nursing service which includes care and rehabilitation of the sick in their homes under orders of the patients' physicians. In all three counties, public health nurses provide school nursing services, make field visits to mothers and newborn babies, handicapped children, the mentally ill and many others. They assist Dr. Covington in clinic services and work in auxiliary health centers as well as the health department clinics by giving health counseling, immunizations and performing other activities related to communicable diseases.

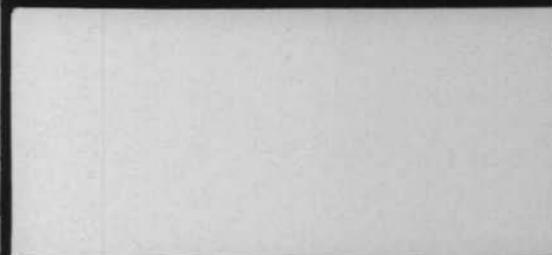
One county has a maternity program coordinated with a local hospital whereby patients in low income groups receive prenatal care in the public health clinics, are delivered of their babies in the local hospital at minimum fee, hospitalized 24 hours, and referred back to the nursing staff of the County Health Department for follow-up care. One county has a Gray Lady Program.

Dr. Covington and his small staff carry on a continuous program of health education through personal contact, classes, use of news releases, radio conferences and public speaking engagements. The county health officer is responsible for the storage and use of a 200-bed Civil Defense Emergency Hospital and acts as preventive medicine consultant to local physicians.

The quality of programs carried on by Dr. Covington and his staff has

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(Opposite page) The Palm Beach County Health Officer, Dr. Brumback (1) confers with his assistant director; (2) meets with his directors of maternal and child care and public health nursing; (3) talks to the migrant program coordinator, the health educator and the business manager; (4) dictates some letters to his secretary; and (5) because of a full schedule, he hosts a luncheon meeting in his office.



led to the recognition of Clay County as a teaching center for public health nurses. The county initiated a pilot program in which the traditional public health nursing service was expanded to include care of the sick at home and this program is developing throughout Florida. Since it is the location of one of the largest and most modern dairies in the state, the county is utilized for demonstration field trips by the sanitarian classes held at the State Board of Health. Two of the counties are participating in a pilot study which uses the services of a physical therapist in rural counties and one county is working toward providing nursing services to small industry.

### **The County Health Officer's Schedule**

Because Dr. Covington lacks such specialists as a business and personnel manager, health educator and clinician, he must attend to much detail. He must understand the problems of public health nursing and environmental sanitation and provide guidance when needed. He and his staff make maximum use of consultation provided by the State Board of Health, especially in such specialized areas as nutrition and sanitary engineering.

Since he is the only clinician in the three counties, the time he devotes to each County Health Department is important. He spends Mondays and Wednesdays in Bradford County; Tuesdays and Thursdays in Clay County; and Fridays in Union County. He tries to devote certain parts of the days to administrative work. Frequently he cannot keep to the routine he has planned but must see patients in a clinic, talk to a visitor from the State Board of Health, confer with a sanitarian, and take care of paper work—all within a few minutes time.

He conducts general clinics in the morning; on the first and third Thursday afternoons of each month he sees from 10 to 12 infants in well baby clinics in Clay County; on alternate Thursday afternoons he sees maternity patients in the same county. Bradford has a similar schedule set up on Wednesdays. In Union County, Dr. Covington sees people anytime on Friday they walk in the door. In addition to the three regular buildings, he has two auxiliary health centers.

### **Financing His Programs**

Dr. Covington has the responsibility to staff his County Health Department and to plan and prepare adequate operating budgets for each county and secure commitments of necessary local funds. He has to re-



cruit, employ and keep qualified nurses, sanitarians, clerks and custodians but he finds that recruitment is difficult because a rural county is not attractive to many applicants.

Dr. Covington has to plan his programs and budgets two years in advance. He has to present his proposed budget to the State Board of Health and the various county or municipal governments which will provide him with money. In one county, the Board of County Commissioners is the only source of revenue; in another it is the County Commissioners, the Board of Public Instruction and a municipality; and in the third, he must secure funds from the County Commissioners and a municipality. He supervises the disbursement of budgeted funds and approves purchases of supplies, travel expenses and payrolls.

In one year, Dr. Covington authorized and approved for expenditure a total of \$287,609. The regular operating budget of his tri-county unit was \$135,053 while approximately \$32,615 was spent on the Arthropod Control Program in Bradford County and \$119,941 on hospitalization for indigents and welfare patients.

The Bradford-Clay-Union unit has the distinction of having the first federally-financed and approved health center building in the state (Bradford County) and one of the most recent and modern (Clay County). Union County needs a health center building and plans are underway to acquire one.

## *THE LARGE COUNTY UNIT*

Florida has 25 counties which have their own County Health Departments, complete with local health officers and their staffs. These counties range from small Collier County (with 22,000 persons) to Dade County which has over a million inhabitants. The county with which we are concerned—Palm Beach County—is one of the most heavily populated with 320,000 persons (according to Palm Beach County Industrial Information Service figures).

Palm Beach is unique in that it is one of the leading resort areas of the United States and yet the producer of truck crops which are valued at millions of dollars annually. Many of the nation's wealthiest families



maintain winter homes in Palm Beach; a few miles away from these homes there are thousands of migrants working on the truck farms. The Port of Palm Beach is one of the most active in the southeastern United States and there is some cattle raising in rural areas of the county. The largest business is tourism, one that directly affects the operation of the County Health Department.

## **The County Health Officer**

The man who is responsible for the smooth operations of the Palm Beach County Health Department is Dr. C. L. Brumback, a native of Colorado who was raised in Kansas. He took his pre-medical and medical training at the University of Kansas and became interested in public health while studying venereal diseases as part of a bacteriology course in college. He served with the U.S. Army Medical Corps during World War Two and was Venereal Disease Control Officer for the Occupation Forces in Germany. Following his discharge from the Army, he earned his master's degree in public health at the University of Michigan. Dr. Brumback is also certified as a specialist by the American Board of Preventive Medicine.

Dr. Brumback served in a rural county health department in Missouri for a short time. He was director of public health for the U.S. Atomic Energy Commission at Oak Ridge, Tennessee, prior to his coming to Florida in 1950 as director of the Palm Beach County Health Department.

He is on the local, state and national boards of various professional organizations. He is also on the boards of directors of a number of voluntary health agencies in Palm Beach County. These agencies are active in such fields as tuberculosis, cancer, heart, mental health, psychiatric clinics, guidance center, polio, birth defects and the Visiting Nurses Association. Dr. Brumback is convinced that public health gives him all of the social life he needs.

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(Opposite page) (1) Staff members of the Palm Beach County Health Department examine a baby at a migrant clinic; (2) a dentist checks a boy's teeth; (3) a public health nurse appears on a panel before a group of students; (4) staff members attend countless meetings; (5) a technician performs a chest X-ray.

## **Administering a Large Unit**

When Dr. Brumback arrived in Palm Beach County 15 years ago, the County Health Department had 15 employees. Today it has a staff of 155 full-time workers (30 of these on the Migrant Project), but this figure does not include the county welfare department which he also supervises.

As administrator of such a large health department (the fourth largest in the state), Dr. Brumback has physicians, nurses and specialists to carry on the work in the clinics. He has a business manager who helps with the employment and supervision of personnel, handles the finances and obtains the necessary equipment and supplies. There is also an assistant director who takes charge of the health department when Dr. Brumback is away.

The recruiting of people into public health and their training, indoctrination and supervision are of concern to Dr. Brumback. He is interested in the professional growth of the members of his staff and their in-service and postgraduate training, and feels that the health department has the responsibility for this training—in addition to carrying out the day-to-day work of public health. The programs have postgraduate training for such workers as physicians, public health nurses, sanitarians and others who have their academic degrees, and training is also provided for others who have not yet completed their basic preparation. He believes that in-service training consists of research into doing the job and of finding new and better ways of doing such things as nursing, sanitation and health education.

Because the programs of the health department are not one bit better than the people who carry them out, Dr. Brumback believes in getting for Palm Beach County the best qualified public health people—physicians, health educators, nurses, sanitarians and specialists—that he can find.

## **Seven Major Divisions**

The Palm Beach County Health Department which Dr. Brumback supervises has seven major divisions. Some of these have their own separate subdivisions and carry on extensive programs.

**Public Health Nursing** has four divisions:

1. Field service which includes newborn immunization follow-up, identification and referral of handicapped children, school health, epidemiology, mental health services and home nursing care.

2. Clinical services include maternity, well child, family planning, school follow-up, venereal disease, tuberculosis, immunization, food handler, general medical care, diabetic, pediatric, psychiatric and tumor clinics, in health centers and mobile stations.

3. Educational activities include orientation for trainees, field experience for collegiate nursing students, teaching at Palm Beach Junior College and Florida Atlantic University, conducting patient education classes, such as diabetes, heart disease and maternity.

4. Special programs include liaison with general hospitals and other agencies, health supervision of nursing homes and child care centers and participation in research.

**Environmental Health** includes engineering and sanitation services which are closely related:

1. Sanitation services include sanitary supervision of food service control, private waste disposal and water supply; rabies control; supervision of migrant camps and housing, milk producers, frozen dessert manufacturers, mobile homes, private and public schools, child care centers, nursing homes and hospitals, vector and pest control operators, pesticide use and safety; radiological health and civil defense planning.

2. Public health engineering includes sanitary supervision of public water supplies and sewerage facilities, industrial waste; subdivision analysis and swimming pools and air and stream pollution control.

**Preventive Medicine** includes such programs as epidemiology, tuberculosis and venereal disease control, chronic diseases, migrant health, dental and mental health and phenylketonuria (PKU) testing.

**Maternal and Child Care** has such programs as maternity services, infant and preschool health, school health and family planning.

**Public Medical Care** covers the county out-patient clinics, county home and hospital, medical services to corrective agencies and home nursing care.

**Health Education** handles such programs as health information to news media, printed materials, lectures, health instruction, in-service



training, vocational guidance, school and adult health education and work with community organizations.

**Administrative Services** is chiefly concerned with personnel, finances, custodial care and maintenance of buildings, communications, transportation and vital statistics.

## **The Large Unit's Staff**

In carrying out the administration of such a large staff, Dr. Brumback likes to use the democratic approach, rather than the autocratic program of a dictator. Many times people who are directly involved in carrying out a program are not included in the planning; Dr. Brumback likes to include these people because then he can take advantage of their knowledge. For example, nurses who do inoculations of youngsters, are included in the planning of an immunization clinic because they have more firsthand knowledge of the situation.

When people are involved in planning, a large number of meetings are the natural results. Dr. Brumback finds that he works 65 to 70 hours a week; frequently he has meetings to attend three or more nights a week and there are many weekend meetings.

He knows that he has well-qualified people carrying on the work of the health department and because of this he can delegate much of the responsibility for the programs. While supervising the overall work, he does not have to become involved in every detail.

## **A Large Budget**

Dr. Brumback's annual budget for the Palm Beach County Health Department amounts to over \$1.1 million annually. This money comes from county, school district, state and federal funds, private sources and fees. To obtain this money, he must present his budget to the State Board of Health, Board of County Commissioners and other interested agencies and organizations for their approval and backing.

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(Opposite page) Activities of the Palm Beach County Health Department: (1) a sanitarian inspects heating-cooling unit in a schoolroom; (2) another sanitarian tests swimming pool waters; (3) staff members inspect and license the child day care centers; (4) the health educator orientates new employees; (5) a sanitarian performs laboratory tests; (6) a public health nurse visits the parents of schoolchildren in their home.



In comparing parts of the budget with the smaller unit, Dr. Brumback's budget in one year (1964-65) included \$370,000 for hospital services to indigent persons.

The county health officer also serves as health officer of seven of the 38 municipalities in Palm Beach County since these cities have passed local laws affecting the health programs and designated him as the one to put these laws into effect.

## *THE VERSATILE HEALTH OFFICER*

The duties of the county health officer are not like those of a factory worker or office clerk who punches a clock at a fixed hour, returns home after a day's work and relaxes from his duties.

He spends much time planning and putting into operation the health programs that his county needs.

A great deal of his time is spent in helping to solve problems and reviewing programs and making suggestions to his staff.

He must be aware of health laws, know how they affect the people of his county, and the pitfalls to avoid.

His official duties include welcoming various groups who are meeting in his county—especially health-related groups.

He attends refresher courses and meetings with his fellow health officers and confers frequently with the professional staff of the State Board of Health.

In the practice of medicine, the county health officer cannot wait until disease is in progress but must consider prevention as the principal objective.

He finds it necessary for the voluntary and official health agencies to work as a team. In this way the health resources of the community are used to the best advantage.

The county health officer finds that the educational approach is necessary to carrying out public health programs. Education is the keystone to prevention and if the people of Florida are well informed or motivated to better health, the work of the county health officer is made easier.

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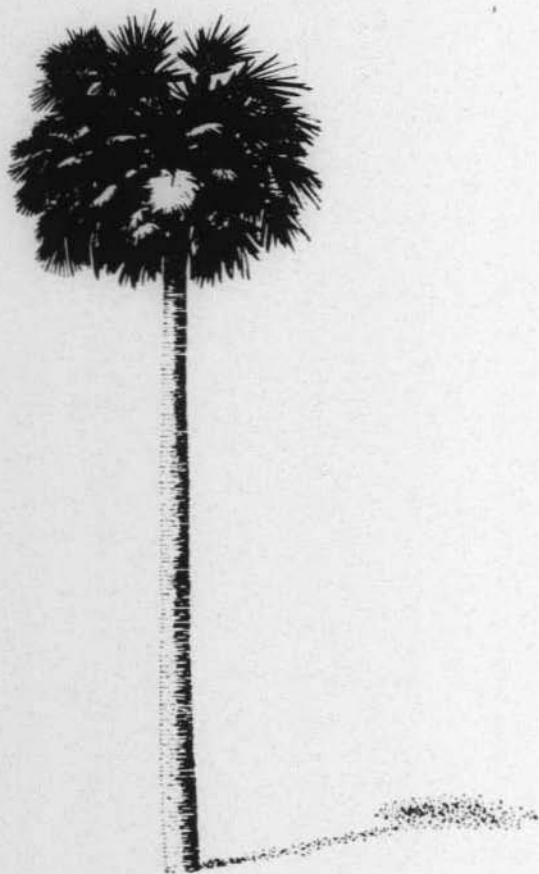
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# FLORIDA HEALTH NOTES

VOLUME 58 — NO. 6

JUNE

1966

***Assets in Florida's  
Public Health***



State laboratories performed over 2.6 million examinations and tests during 1965.



Florida has many assets which make it a great state — the sub-tropical scenery and climate, the thousands of lakes, the hundreds of miles of beaches, the friendly people and thousands of fine hotels, motels, restaurants and other accommodations. These are the attractions to the 14 million annual visitors to our state.

There are other assets which contribute to make Florida a growing state. Expanding port facilities, mineral resources, commercial forests, year-round farming, the space-age industry and an atmosphere which influences people to retire to Florida are contributing factors to the annual population increase.

One of the greatest assets the state has is the concern for the health of the people. This concern is the direct responsibility of the State

*Assets in*

# FLORIDA'S PUBLIC HEALTH

Board of Health and the County Health Departments through existing public health programs. Starting some 75 years ago when the State Board of Health was born as the aftermath of yellow fever epidemics, these public health programs have helped to assist you, the reader, to maintain and improve your well-being so you can do the work you want to do and enjoy the pleasures of the Sunshine State.

This issue of **Florida Health Notes** will tell you about some of the activities the State Board of Health and the 67 County Health Departments promoted and conducted in 1965 to protect your health and how you benefited from these assets. The information is taken from the **Annual Report** of the State Board of Health which is approximately 280 pages long and full of tables and technical details — which you may not wish to read.

# Assets in Preventing Disease

## . . . From one person to another . . .

A major part of the work in the prevention of disease is the immunization program in which 38 counties have joined to promote immunization for infants of three and 15 months and their families against polio, smallpox, tetanus, whooping cough and diphtheria.

There was not a single case of poliomyelitis reported in 1965. The dreaded disease is on the threshold of eradication as only 59 acute cases were reported in the United States. Immunizations need to be continued as the disease is still rampant in several parts of the world.

Epidemiologists and bacteriologists of the State Board of Health continued to battle salmonellosis, a food-borne infection. The incidence of food poisoning dropped during the year but due to the up-

ward trend of positive salmonella isolations, special emphasis on this problem was initiated by the State Board of Health.

A total of 764 persons was reported to have had hepatitis but there were no widespread epidemics. The number of persons who had measles fell below the expected normal level following the major epidemic in 1964. A total of 3830 persons was reported to have had the disease.

There were three persons who developed eastern equine encephalitis (transmitted by mosquitoes) and an additional 165 persons had viral encephalitis which involved measles and mumps. Diphtheria continued to occur in Florida with 10 cases being reported. A total of 892 persons was reported to have had German measles during the

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### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

year and this was below the expected level. There were 10,900 cases of influenza reported last year with nearly 2000 cases reported the last two months of the year.

There were 118,289 specimens submitted to the State Board of Health laboratories for testing for intestinal parasites with more than 19,000 of these specimens positive. Hookworm, ascaris and enterobius, which are intestinal parasites, and nonpathogenic amoeba, a single-cell animal not capable of causing disease, were the most prevalent. The laboratories performed over 2.6 million tests in serology, bacteriology, chemistry, viral isolations and other examinations.

Educational programs in venereal diseases were initiated with the cooperation of the State De-

partment of Education and the County Health Departments to inform persons of all ages, sexes and socioeconomic groups of the seriousness of the problem. VD workshops were conducted for selected teachers; lectures and talks were presented to Parent-Teacher Associations, medical societies, Junior Chambers of Commerce, ministerial alliances and other civic organizations. A total of 2356 persons was reported by public health clinics and private physicians to have early infectious syphilis. This was an increase of 15 per cent over the previous year. Many thousands of persons who have venereal diseases still go unreported.

There were 1521 persons provisionally diagnosed for the first time as having tuberculosis with 1044 persons admitted to tuber-

Investigators in the Venereal Disease Control Program learn to identify the organisms that cause venereal diseases.





culosis hospitals. There were 753,953 persons X-rayed by the State Board of Health and County Health Departments. Of the total X-rayed, 4690 persons were sus-

pected of having the disease and were referred for further investigation. State Board of Health laboratories performed 204,039 tests for tuberculosis.

## How did you benefit?

The State Board of Health and the County Health Departments help prevent the spread of communicable disease and through early detection and isolation prevent you and your family from contracting these diseases.

## . . . Through water and food supplies . . .

Two 12-week courses and a one-week topical course were conducted by the State Board of Health to train sanitarians for work in the counties. Courses for training foodhandlers from food service establishments; namely, hotels and

restaurants, were held in 14 counties also.

Due to the demands of consumers for more ready-to-eat food, 733 food processing plants were inspected by County Health Department sanitarians before issuing operating permits. Thirty Florida plants and four out-of-state shippers were licensed to bottle and sell water. Twelve rendering plants were permitted to operate in the state and sanitarians maintained a close surveillance over these plants



The X-ray units of the State Board of Health made over 753,000 chest X-rays in the search for persons with tuberculosis.



Supervision of the shellfish industry is carried on to make sure that only edible crustaceous foods reach the consumer.

to insure that satisfactory cleaning practices were carried out.

Milk consultants from the State Board of Health made 874 inspections of dairies, milk processing plants and frozen dessert plants, while County Health Department sanitarians made 17,156 visits to dairies and milk processing plants. Some 153,000 milk product samples were tested by state laboratories to protect the public.

A total of 656 water projects, handling 84.6 million gallons of water a day, was approved by the State Board of Health engineers. Laboratories tested over 209,000

water samples for purity. These included both drinking water and water for swimming pools.

The shellfish control program was maintained to prevent unsafe shellfish, such as oysters, clams, crabs and scallops, from being harvested and reaching the consumer. Operating certificates were issued to 83 plants which shucked and packaged oysters; 48 plants which handled shellstock only; and seven plants which only repacked shellfish. A total of 1745 oyster-growing water samples, 324 oyster meat samples, 266 crabmeat samples and 367 plant water samples was bacteriologically tested by State Board of Health laboratories.

## How did you benefit?

By inspecting facilities and products of food and water suppliers, the State Board of Health and County Health Departments made sure that the food you ate and the milk, water and other beverages you drank were safe for you to consume.

## ... From other forms of life to man ...

A total of 78 animals had laboratory confirmed cases of rabies during the year, a decline from the past two years. The reported number of positively infected dogs and cats was low and this is probably due to the fact that most of the cities and many counties have rabies control ordinances or laws.

There were four persons who had brucellosis, an animal disease which can be transmitted to man. Three of these persons were known to have worked in a meat plant, slaughtering establishment or have come in contact with farm animals. It could not be determined how the fourth person contracted the disease.

Research in mosquito-borne encephalitides, diseases which may damage the brain, continued with the use of large animals, as well as chicken flocks, as sentinels in attracting virus-bearing mosquitoes. A total of 46 horses and three humans was reported to have had confirmed cases of eastern equine encephalitis and there was an outbreak among chukar partridges on a large game farm near Jacksonville.

The Encephalitis Research Center isolated California encephalitis viruses for the first time in Florida while St. Louis encephalitis was virtually absent from the Tampa Bay area. Two children, believed to have been exposed in North Carolina, were identified as having the California virus.

The State Board of Health continued a federally-supported *Aedes aegypti* eradication project which was expanded during the year beyond the original seven counties.

Large animals, such as this burro, were used in mosquito traps by the Encephalitis Research Center.



The 57 Arthropod Control Districts continued their mosquito eradication programs through building and maintaining drainage ditches, dredging, continuing sanitary landfills, larviciding and adult-iciding (the killing of mosquito

larvae and adults), fogging and spraying.

The State Board of Health licensed 338 pest control operators and investigated 92 complaints by homeowners.

## **How did you benefit?**

Your health is protected by the State Board of Health and County Health Departments through control of diseases in animals which are transmissible to man and through elimination of mosquitoes and other pests.

## **Assets in Promoting Well-Being**

### **... Through controlling the environment ...**

At the end of the first year under an agreement with the U. S. Atomic Energy Commission for regulating the use of radioactive material, the State Board of Health had registered 6300 radiation-producing machines. Some 494 such machines were surveyed during the past year; beam size corrections were made on 132 machines and filter corrections on 112. The State Board of Health and the participating County Health Departments made 187 recommendations which reduced unnecessary exposure to either the patient or operators. Nearly 2000 film badges were

processed as a result of the monitoring service.

The concept of occupational health was expanded to include not only industrial workers but housewives and others who are gainfully employed. Technical studies were made of compressed air supplied to scuba divers and the solvent vapor concentrations given off by coin-operated dry cleaning machines.

The State Board of Health and County Health Departments worked to combat water and air pollution through installation of sewage treatment plants and in-

dustrial waste facilities, surveys of streams, air pollution studies and control of solid waste disposal.

Plans for 192 new sewage treatment facilities and modifications or expansions of 23 existing plants were approved. There were 1539 sewage treatment plants of various sizes and types in the state. Of the 364 incorporated municipalities reported in the 1960 census, 159 have municipal treatment systems. This leaves 1380 treatment plants serving commercial installations, institutions and subdivisions.

Sixty-eight facilities for the treatment of waste from coin-operated laundries, phosphate processing plants, abattoirs and meat processing establishments, car wash in-

stallations, railroad yards, citrus processing plants, printing establishments and other various types of facilities were approved by the State Board of Health.

Chemical and bacteriological surveys of several rivers and springs were made by sanitary engineers and water pollution studies made in several areas, including Duval County and the Suwannee River basin; stream monitoring and revaluation were made of several rivers in northwest Florida, including Chattahoochee, Ochlockonee, Blackwater and Escambia.

Air pollution studies and control programs were underway in several counties which involved possible pollution by pulp mills and power plants. The State Board of Health took an interest in the proceedings which would secure additional amounts of natural gas for the state. It is anticipated that the supplying of natural gas to power plants would help eliminate complaints relative to the operation of power generating stations, particularly in urban areas where only high sulfur content fuels are presently available.



Sanitary landfills, supervised by Arthropod Control Districts, are used in the disposal of solid wastes.





**Fogging is done by the Arthropod Control Districts to kill adult mosquitoes.**

The problem of disposal of domestic solid wastes became more critical, especially in urban areas. A total of 93 incinerator projects was approved, including a 750-ton per day unit for Tampa and a compost plant for St. Petersburg.

There were about 6000 inspections of establishments in which bedding was made, renovated or sold. Approximately 28,500 items were found in violation of the law, mostly because of the lack of the

required bedding stamp. A total of 1294 pieces was placed off sale because of major violations.

The quality of trailer parks and camps improved during the year. The 2413 permitted parks provided space for 104,694 trailers. An increasing number of new parks were being built with sewerage systems. County Health Department sanitarians made 9515 visits to trailer parks to insure compliance with sanitation standards. A total of 368 camps, with facilities for 48,078 persons, was licensed during the year. Of these, 318 were migrant labor camps and 50 recreational camps.

## **How did you benefit?**

Through the control of such environmental factors as air and water pollution, use of radiological materials, disposal of waste material and inspection of trailer parks and camps, the State Board of Health and the County Health Departments improve the condition of your surroundings.



The State Board of Health cooperates with the State Highway Patrol in the attempt to reduce traffic accidents.

### **...Through safety and planning for emergencies...**

The State Board of Health promoted safety in the home, school and off-the-job and cooperated with the Florida Highway Patrol and Florida Industrial Commission in the promotion of safety in factories and on the highways. The state has poison control centers located in 32 hospitals. A total of 331 snake bites was reported through a survey conducted by the State Board of Health. A study of the

causes of drownings was made to help formulate a safety program.

At the end of 1965, Florida had 54 packaged disaster hospitals. Approximately 42,000 persons received medical self-help training. In times of natural or man-made disaster, these people could give assistance to others in need during the absence of physicians or other medical people.

### **How did you benefit?**

By planning now for emergencies, the State Board of Health and the County Health Departments can protect you in times of war or hurricane. By knowing how accidents occur or how they can be prevented, they can help you avoid disaster.

## **. . . Through information and education . . .**

One of the functions of public health is to educate people in the practices for better health. Through the State Board of Health, 10,465 audio-visual aids, mostly motion pictures, were circulated; over 234,000 pamphlets were distributed; 40 exhibits and displays were shown; and a monthly average of 20,500 copies of **Florida Health Notes** were distributed. The medical library circulated over 10,000 journals; 2555 books were checked out; and 34 bibliographies were compiled.

The State Board of Health,

through consultation with several committees, awarded nine medical scholarships, including one osteopathic scholarship, 10 dental scholarships and 36 educational scholarships in public health and mental health.

Fifty-four college students, who expect to enter the public health field, were employed in the central offices of the State Board of Health, regional laboratories and several County Health Departments under a student traineeship program.

## **How did you benefit?**

Through publications and films of the State Board of Health, you learned more about health. Through professional scholarships, the state will have more medical practitioners because these students will work in areas where they are needed.

## **Assets in Helping Children Get a Good Start**

### **. . . Through maternal health . . .**

Over 10,000 women are receiving information and services on child spacing in all but one of the County Health Departments. More emphasis was placed on improve-

ment of maternity clinic services, especially in smaller counties.

The trend to have babies born in a hospital with delivery by a

physician resulted in 99.3 per cent of all white infants being so delivered while 14 per cent of non-white infants were delivered outside the hospital.

At the end of 1965 there were only 179 midwives licensed by the State Board of Health and supervised by County Health Departments.

## **How did you benefit?**

Because some expectant mothers cannot afford the cost of private medical care, the State Board of Health and County Health Departments try to help these mothers bring healthier children into the world. Healthier children are an asset to any community.

## **... By providing infant and child care ...**

Thousands of children were seen in well baby clinics in most sections of the state. The physicians in these clinics saw over 17,343 infants under one year of age. Plans are being developed by the State Board of Health for comprehensive testing for phenylketonuria (PKU), a situation in newborn babies which leads to mental retardation. The operation of the Dade County Developmental Evaluation Clinic was expanded to evaluate and serve the mentally retarded children of the Dade County area.

Because education must carry the brunt of the efforts to combat health problems, schools receive requests to teach more about smok-

ing, alcohol, venereal disease, mental health, dental health, narcotics, and other problems. In an effort to identify for the teaching personnel the health resources available in their community, the Health Project in Teacher Education was offered through five participating universities. In 1965 the Project had an enrollment of 82 teachers who felt they received assistance toward their school health problems.

Public health nurses, sanitarians and public health educators at the local level acted as resource persons for all school personnel and worked toward improving school health programs.

Nurses are instructed in the nursing and medical care of premature babies at the Premature Demonstration Center in Miami.



A dental hygienist worked in 11 counties and inspected over 6000 children in 19 different schools. A total of 35 fixed dental clinics was operated in 27 counties and served underprivileged children in elementary grades and underprivileged expectant mothers. In addition, two mobile dental clinics served elementary school children in areas where there were no dentists. A mobile dental unit also was assigned to a special school for the handicapped.

Although Pensacola discontinued its water fluoridation program, several other cities, including Daytona Beach, Sanford and Eau Gallie, were starting programs which included the addition of fluoride to drinking water.

The search for defects in children, such as hearing and vision handicaps, continued while some schools carried out special screening programs for tuberculosis and hookworm. The County Health Departments disseminated information on polio immunizations through the schools and many school buildings were used as clinics for the mass administration of polio vaccine.

## How did you benefit?

Through care of children and screening for defects, the State Board of Health and County Health Departments are able to give underprivileged youngsters a good start in life by protecting their health. This means that they should grow up to be healthier adults.



## Assets in Aiding Others

**... Those who are ill of chronic diseases ...**

Because heart disease is the leading cause of death in Florida, approximately 28,000 persons died of some form of this affliction in 1965, medical attention was focused on the 21 cardiac clinics in the state. The State Board of Health's heart disease control program supplied 17 County Health Departments with nurses and clerks to help man the clinics and assist in the visiting nursing service. Many physicians devoted much time to these clinics without compensation.

A total of 1008 persons was receiving some form of medication for rheumatic fever under the Heart Disease Control Program.

It is estimated that 10,300 Floridians died of cancer during the year. Tumor clinics were expanded to include those in hospitals in Hollywood, Miami and Leesburg; approved clinics totaled 28. A limited cervical cytology program was started for 15 counties which did not have tumor clinics.

The State Board of Health furnished insulin for 3100 medically indigent patients under the diabetic program. Over 38,000 persons were screened by County Health Departments and approximately 500 persons were referred to their family physicians for diagnosis. **Timely Topics**, a monthly bulletin for diabetics, their families and friends, was distributed to over 6000 persons.



The dental hygienist inspected the teeth of over 6000 children in 11 counties.

The glaucoma screening program continued to detect new persons with this disease, which is the second cause of blindness. Over 21,685 persons were screened in five centers and 744 were referred to medical eye doctors for diagnostic evaluation.

A number of nurses took courses at Rusk Rehabilitation Center, New York, and Kenny Rehabilitation Center, Minnesota, to assist in programs for people who had suffered strokes.

## **How did you benefit?**

The research and work of the State Board of Health and County Health Departments in diseases of the aged today bring relief to some people who are afflicted. However, at the present time there is little or no cure for some of the chronic diseases.

## **... For those who are ill ...**

Forty-two voluntary nursing organizations, incorporated as non-profit bodies, contributed to County Health Departments and Visiting Nurse Associations which made nursing care available to the sick at home. Fees, collected by these agencies according to the ability of the patient to pay, reverted to the nursing programs.

The State Board of Health was assigned the job of certifying the institutions — hospitals, nursing homes, home health agencies and independent laboratories — which

will provide services under the Medicare Program. Some of these institutions needed assistance in qualifying for the new programs which will be correlated with those already in operation.

The state-county financed Hospital Service to the Indigent program remained at substantially the same level as during the previous year; a total of \$4.2 million was spent to assist people who could not pay large hospital bills. Expenditures for Medical Assistance to the Aged (persons over 65)

amounted to \$3.2 million for hospitalization and \$90,947 for an expanded home nursing program. Hospitalization for public welfare recipients totaled \$4.6 million.

At the end of the year there were 188 hospitals, 277 nursing homes and 55 homes for the aged licensed by the State Board of Health.

## **How did you benefit?**

The State Board of Health and County Health Departments are consultants to such institutions as hospitals and nursing homes which provided necessary services when you were ill. Provisions were also made to keep hospitals operating by helping people who could not meet large hospital bills.

## **. . . For those who are in need . . .**

Seminole and Miccosukee Indians in Broward, Dade, Glades and Hendry Counties received medical care benefits and other services totaling \$73,000 in costs under contract with the U. S. Public Health Service.

Steady progress was made toward providing health services to Florida's 100,000 agricultural migrants. Twenty-two counties participated in the Health Service In-

dex and Referral Form System which was designed to give the migrants health services as they traveled from state to state. Some of the counties offered both day and evening medical clinics, allowing the migrants to obtain medical services during their nonworking hours.

Twenty-six persons who were the victims of narcotic addiction, but had not committed a crime, were sent to state prison hospitals at Lowell and Raiford for medical treatment. The use of barbiturates and amphetamines among youth was a deep concern of the State Board of Health. There were 133 arrests, mostly for sales of these drugs.



The glaucoma screening program is a vital part in the prevention of chronic diseases. A total of 21,685 persons was screened in this program during the year.

## **How did you benefit?**

You are a part of a benevolent democracy which does not allow people to suffer needlessly. The Indians and migrants are examples of people in need. Narcotic addicts are helped to rid themselves of the habit with the hope that they will become useful citizens.

## **Assets of Keeping Records**

### **... Through vital records ...**

Florida's population rose to an estimated 5.8 million, an increase of 58.2 per cent over the 1955 population of 3.6 million. A total of 107,006 babies was born; 3027 infants died during their first year. Preliminary figures showed that 59,080 persons died, a rise of 4.1 per cent over the 1964 figures. Part of this was due to the large number of elderly people who are moving to Florida.

The leading causes of death were diseases of the heart, cancer, accidents, stroke, influenza and pneumonia, childhood diseases, suicides and diabetes.

There were 49,399 marriages, 25,069 divorces and 264 annulments.



The State Board of Health's migrant health program reaches most of Florida's 100,000 migrant agricultural laborers.

## **How did you benefit?**

Records are kept at the State Board of Health for a number of reasons. Those that are of concern to you are the availability of certified copies of birth, marriage and death certificates in case you need them and are qualified to secure them.

## **. . . Through finances and personnel . . .**

The total cost of running the programs of the State Board of Health and the County Health Departments amounted to \$37.7 million. This money came from state appropriations, local agencies for county health units, federal grants-in-aid, State Department of Public Welfare and other grants and donations.

The state and county agencies had over 3500 physicians, dentists, public health nurses, sanitarians, engineers, laboratory and mental health workers, health educators, clerks, secretaries and other professional and technical people on their staffs.



## How did you benefit?

The efforts of these people and the money spent in Florida contributed to all factors of your life — from combatting pollution of the air you breathe to the registering of physicians and pharmacists.

## Assets in Research

Research is a major part of the public health program and in Florida it is no exception. Funds spent on research amounted to over one million dollars. At two important research centers, the Entomological Research Center at Vero Beach and the Encephalitis Research Center at Tampa, the work is directed toward virus-carrying mosquitoes. Two outstanding studies carried on in Florida were a probe

of necessary public health programs for the aged and an expanded study of pesticides.

A monograph was published on the Developmental Evaluation Clinic which told of the outstanding work performed in behalf of mentally retarded children of the Dade County area. The monograph was the ninth in the State Board of Health series.

## We Had a Few Liabilities

No one is perfect! We do not claim to be.

Two of the major liabilities were the loss of key personnel and the inability to hire new people because of the current low pay scale. Because of the vital and highly

complex duties assigned to the State Board of Health, it must rely on educated specialists from a multitude of disciplines. There is a continuing search for engineers, physicians, public health nurses, health educators, statisticians, sanitarians and other health workers.

The number of early infectious syphilis cases increased for the seventh year, indicating that we

are not succeeding in our attempts to eradicate this disease. It is evident that an informed public is necessary, so efforts at education have become an important part of this work.

Chronic diseases are becoming an increasing part of the public health picture since Florida is maintaining its popularity as a retirement state. About 21 per cent of the population is over 55 years of age and some kind of chronic

disease is responsible for most hospital admissions among this group.

Entomologists have discovered that the salt-marsh mosquito seems to be developing a resistance to Malathion, the most effective adulticide in mosquito control. The *Aedes aegypti* mosquito is also developing a resistance to DDT which is used in the Eradication Project. We will have to look for other pesticides to destroy these insects.

## People are Florida's Assets

In this age of space, machines and electronics, people are still Florida's biggest asset. The purpose of the State Board of Health is to protect this asset. In the 75 years since the founding of the State Board of Health, many accomplishments have been achieved, including lower death rates, longer life expectancy and the elimination or near eradication of many diseases.

While 1965 was a year of many problems and accomplishments, the future is more demanding of the State Board of Health. Such fields as family planning, pesticide study, control of air and water pollution and geriatrics are areas where this state agency must advance. Because man's way of life is changing rapidly, the future holds a definite challenge.

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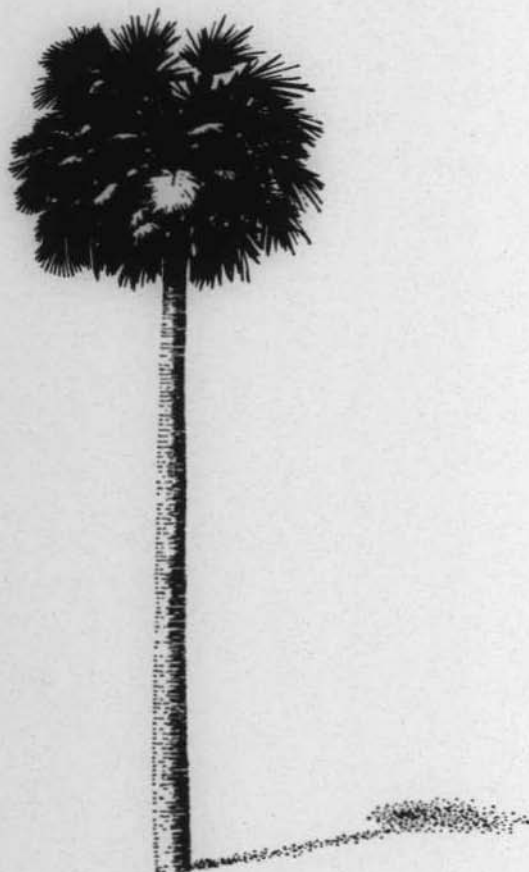
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**FLORIDA STATE BOARD OF HEALTH**

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# FLORIDA HEALTH NOTES

VOLUME 58 — SPECIAL ISSUE

JULY-AUGUST

1966

## Food Hygiene





Even as chefs work around him, a County Health Department sanitarian checks cooking utensils in a Miami hotel kitchen during an inspection tour

# FOOD HYGIENE

**W**hen did you last go out to eat?  
as it yesterday evening? Two days ago? Last week?  
Did you eat at a drive-in? A small cafe? A fancy, expensive  
restaurant? Or a hotel?

Whenever you go out to eat and wherever you dine, you want to be sure the food is wholesome and safe to eat. You can see if the dining room and restrooms are neat but you also would like to know if the kitchen and its equipment and utensils are clean. You want to be sure that there are no insects or rodents to contaminate the food or dishes; and you would like to be certain that the cooks, waitresses and other food workers are free of communicable diseases.

Perhaps you don't think of these things. But, perhaps you do and only dine in those places where you are quite sure that proper food handling and sanitation are carried out.

Millions of meals are served every day in the Sunshine State. Millions of dollars of food are purchased by families and hundreds of thousands of pounds of food are processed. Food is a multi-million dollar industry in Florida.

Since you cannot inspect the kitchen of every restaurant, go behind the counter of every supermarket or visit every food processing plant, the State Board of Health and the 67 County Health Departments do this for you. We try to see that the food is processed, distributed, stored, cooked and served in a clean and sanitary manner. The food sanitation programs carried out in Florida are a major part of the public health program.

The State Board of Health and its partners – the County Health Departments – are responsible, under Chapter 381, Florida Statutes, for the health of the state's 5.8 million residents and the 16 million annual visitors.

We have been authorized to inspect food service (eating and drinking) establishments, food processing plants, food outlets (stores and meat markets) and other public eating places since 1939 when a 1909 law was amended to include specifically these places.

*The primary purpose of the food sanitation programs is the prevention of food-borne illness.*

This issue of *Florida Health Notes* has been planned to tell you about the food sanitation programs carried out by the County Health Departments; the role of the State Board of Health; the work of its state public health laboratories; the specialized work of its medical epidemiologist; its programs for training service workers; and the coordinated efforts of the State Board of Health and the County Health Departments when food-borne illnesses occur.

## The Vanguard of Food Hygiene — the County Health Department

**T**he County Health Department is the agency which plans and carries out the food sanitation programs in the state. Its sanitarians are the ones who visit the local food establishments, talk with the owner or manager, make inspections, file reports, and,

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### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

VOLUME 58 — SPECIAL ISSUE

JULY-AUGUST 1966



Sanitarians check store-rooms (1) and all types of refrigerators, from the large walk-ins (2) to the smaller dessert-salad unit (3), for proper storage of foods and correct temperatures.

if there are health hazards which need correcting, revisit the place of business to make sure that the suggested corrections are made.

All of this work is done under the medical supervision of the County Health Officer. If there are special problems, this official or, in larger counties, a supervisor of the food sanitation program or director of environmental health, may be called in to work with the



Equipment such as the hood (above) and the steam kettles (left), is checked by sanitarians during inspections of food service establishments.

sanitarian. Sometimes a consultant from the State Board of Health is brought in on a problem.

The sanitarians inspect all food service establishments, food outlets, food processing and shellfish (oyster, shrimp) plants sev-



eral times a year. They also visit abattoirs (slaughterhouses), school lunchrooms and kitchens of hospitals, jails and other institutions, as well as common carrier caterers, which serve airlines, trains and ships. They try to make sure that the food you eat or take home is safe to consume.

## The Inspection of A Food Service Establishment

**W**hat does the sanitarian check when he inspects a restaurant or some other food service establishment? Let's follow William H. as he inspects the "Big F," a restaurant in his district.

Mr. H. checks the source of food supply. Because markets, food processing plants, slaughterhouses and other food warehouses are inspected, he knows that if the restaurant operator is buying from approved sources the food is wholesome. If the food is coming from out-of-state, he knows that food shipped through interstate commerce is inspected at its source by either the state and local health authorities, or by both, and by either the Food and Drug Administration or the Department of Agriculture of the Federal Government.

Mr. H. checks food protection. He inspects storerooms to make sure that rodents and insects cannot get in; that the storerooms are clean; and foods are stored off the floors and in proper containers. The refrigerators are checked for proper temperatures, plus correct storage of foods and for cleanliness. Pots, steam kettles, ovens and all cooking equipment are inspected to make sure that they are used properly in preparing foods; display cases and steam tables are checked for proper temperatures and usage; containers for left-over foods are inspected to see that such foods are properly stored; and cupboards and shelves are checked to make sure that such toxic supplies as cleaning materials and pesticides are not stored with food supplies.

Mr. H. examines the equipment and utensils throughout the restaurant to make sure that they are properly constructed and installed and in good working condition. He checks the method of

cleaning the kitchen and dining room equipment and the washing, sanitizing and storage of kitchen utensils and dishes, glasses and silver.

The employees' personal health and hygiene are checked. The cleanliness of their clothing is observed. Their personal habits, especially if they are smoking around food, are noted. Mr. H. looks to see if there are signs in the washrooms urging the employees to wash their hands after using the toilet.

He checks to see if the "Big F" has a clean and orderly interior; that proper methods are used for cleaning the walls, ceilings, floors and windows; that the surrounding grounds are neat and not scattered with papers, cans, boxes and junk which would harbor rodents; and that the restaurant is using proper means of controlling vermin. Mr. H. also checks the building construction; the layout of the restaurant, condition of the floors, ceilings, walls, doors and windows; and the lighting and ventilation.

The toilets and lavatories are inspected by Mr. H. to see that they are properly located and clean; that the fixtures are adequate and in proper working conditions; and that soap and towels are available for the restaurant's customers and employees.

Mr. H. checks the water supply for quality and source and the condition of the system, whether pipes or heater need replacing or repairing; the hot water to see if the temperature is high enough to sanitize dishes; and the source and handling of the ice, which is used for both food display and beverages.

The sanitarian checks the "Big F's" methods of disposing of garbage refuse, kitchen waste water and the sewage treatment system. He also knows what garbage service picks up the restaurant's

The general health of food workers is of concern to the sanitarian.



solid refuse, how frequently it is picked up, and where it is taken for disposition.

## The Inspection Report

The sanitarian makes notes of existing defects on his report and comments favorably on any improvements that have been made since his last visit. He discusses the defects with the operator, advising him to correct them as soon as possible. He points out that they are potential health hazards to the restaurant's customers and that he will make necessary follow-up visits to assure the operator of the County Health Department's interest and cooperation in helping him to maintain a clean and sanitary restaurant.

Unhealthy conditions such as incorrect refrigeration temperature, lack of good housekeeping, improper storage of foods and poor personal hygiene on the part of the staff, are given priority because they pose the greatest health hazards. The operator is advised on

how to correct these defects and he will often voluntarily close his establishment while the defects are being corrected, especially if the whole restaurant or kitchen needs a complete cleaning. The correction of these defects may cost much less than construction or equipment defects or require nothing more than work on the part of the restaurant staff.

Sometimes the operator will buy a different type of sink, ventilation hood for the kitchen range or other equipment when the one in use is difficult to clean or maintain. More time is allowed to make this type of change and the County Health Department often receives this kind of cooperation from the food establishment owners.

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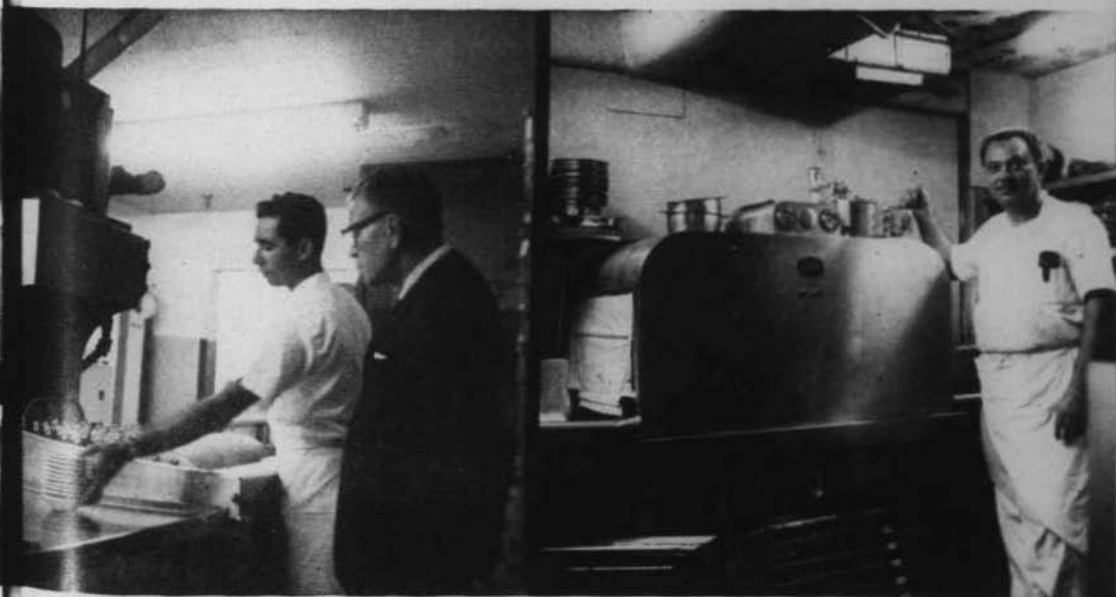
**Dishwashing is an important phase of the food industry. (Left to right) An automatic dishwasher is loaded with plates; a sanitarian checks the inside condition of a dishwasher; another sanitarian watches a food service worker unload dishes; and a kitchen worker proudly displays a dishwasher recently installed in a restaurant.**



The sanitarian stands ready to revisit the restaurant as soon as the defects are corrected so that the County Health Department can give its approval. The owner or manager fully recognizes that the sanitarian is an asset to his business, and an increasing number of food service establishment operators are becoming aware that the sanitarian can give sound advice.

Rarely does the County Health Department have to take legal action to close a food establishment. The county health officers and sanitarians believe that by showing the owners why substandard operations are health hazards and why the standards of the State Sanitary Code need to be met, the County Health Department can get more cooperation.

The County Health Departments, in many cases, review plans for new restaurants or other food service establishments, as well as renovations in existing ones. The water supply and waste disposal plans must meet the approval of the health department; sanitarians inspect warehouses and storage places of local food sources and vehicles which transport food from the wholesaler or retailer





to the restaurant, cafe, drive-in or other eating or drinking establishment.

## The Consultants — The State Board of Health

**W**here the County Health Department is the first line of defense against potential outbreaks of food-borne illnesses, the State Board of Health is the agency which backs up the local sanitarian and health officer with the authority to inspect and promote sanitary conditions in all kinds of food establishments.

The sanitation consultants of the State Board of Health's Division of Sanitation work with the County Health Departments by interpreting the laws and regulations of the State Sanitary Code; helping with any difficult problems when requested by the local health agency; training sanitarians in all aspects of the environmental health field, including food sanitation; and being available to help county sanitarians with the training of food service workers.

The State Board of Health also offers the County Health Departments complete laboratory services with highly trained bacteriologists, chemists and technicians to run examinations on any food samples, utensil swab tests or stool specimens the sanitarians and medical staffs may send to the laboratory.

The medical epidemiologist of the State Board of Health is continually watching for evidence of food poisoning outbreaks or food-borne epidemics and working for the prevention of conditions which lead to such breakdowns in public health.

Other staff members of the State Board of Health are available as consultants; for example, sanitary engineers and industrial hygienists, who can advise the County Health Departments on such problems as the disposal of wastes, the quality of the water supply, occupational health and ventilation problems.



A sanitarian, in making specimens for swab tests, wipes swabs across a plate (1), around the edges of a glass (2), over the inside of a kitchen pan (3) and places the swabs in containers (4). These hold a neutralizing solution which preserves the bacteria from the dishes and utensils.



A class for food handlers is conducted frequently in the Health Department of Escambia County. A student touches a sterile plate, which will be incubated to show how bacteria grow (1). A sanitarian gives a lecture in a classroom (2), and the County Health Department has a room of kitchen equipment to demonstrate the proper techniques of sanitation (3-4).

## TRAINING OF FOOD SERVICE WORKERS

Several counties, including Orange, Dade, Pinellas and Escambia, offer regular courses for the training of food service workers. During 1965, Alachua, Brevard, Broward, Charlotte, Duval, Highlands, Hillsborough, Polk, Putnam and Sarasota also offered one or more courses.

In Dade County, the training course is conducted in conjunction with the Board of Public Instruction. In Pinellas County, courses are given through the junior college, adult education, School of Culinary Arts and in food service establishments. Escambia County is the only one that has a local law which requires all food workers take a six-hour course given by the County Health Department. The majority of these courses are taught by county sanitarians. Many health departments also cooperate in the training of school lunchroom personnel.

**During the past 10 years over 40,880 food service workers have been taught in County Health Department programs.**

A basic County Health Department course is designed to give food workers a fundamental knowledge of health and sanitation in order that they may protect themselves and the public from food-borne illnesses. The students are given information on bacteria and how they live, grow and cause disease. They are taught how food can be related to illnesses; and insects and rodents, through the presence of harmful bacteria, can spread diseases, and how eating utensils should be sanitized in dish-washing procedures. The students also receive lessons in personal hygiene. Escambia County health officials are of the opinion that their program has improved the food service establishments and services provided by the food handlers in their county.

One health department also has a room of ovens, kitchen ranges, refrigerators, sinks, meat choppers and saws and other furnishings which is used for demonstrations on the proper care and use of equipment.

## Laboratory Services

The testing of samples of foods and utensil swabs is performed by the state laboratories at the request of the County Health Departments. The food samples are sent in by sanitarians whenever there is suspected food-borne illness or if the sanitarians wish to check on the sanitary condition of a particular establishment.

There are three tests performed regularly on all food samples:

A *plate count* is an indication of cleanliness and housekeeping of a particular establishment. It will show how clean were the foods' ingredients, workers' hands and personal hygiene and the equipment, utensils and containers.

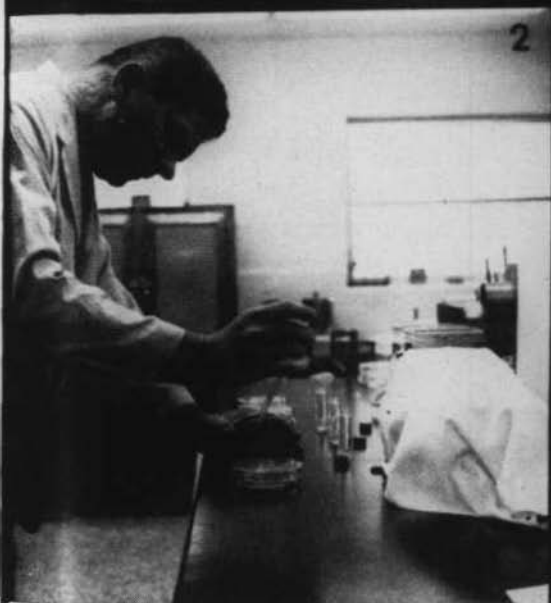
A *staphylococcus count* indicates contamination of food by persons who are careless when handling these foods and who may be suffering with head colds, drippy noses, bacteria-laden cuts or boils on their hands or other parts of their body. Given the right temperature and enough time to multiply, the same staphylococcus germs found in a running sore are also capable of causing food poisoning.

A *coliform count* is made to determine whether the number of everpresent organisms found in the intestinal tract of man and animals have been kept at an acceptable minimum. The presence of large numbers indicates unclean ingredients, poor handling of food during preparation and inadequate refrigeration during and after processing.

Other biological and chemical examinations may be performed when conditions, such as symptoms shown by the patient, warrant such tests.

The *swab test* is made of eating and drinking utensils by sanitarians in establishments which lack satisfactory sanitizing equip-





In the State Board of Health laboratories, the bacteriologist pipettes a sample of dish swab neutralizing solution from a container that the sanitarian has brought in (1); he places the measured sample in a petri dish (2), pours agar, media which allow the bacteria to grow, into a dish (3) and places the petri dishes in an incubator (4). After 24 hours, the bacteria colonies are counted to determine if the dishes, silver and utensils have a high bacteria count.

ment and those places which do not follow good sanitizing procedures. If a restaurant is having difficulty with its automatic dishwasher, or if the dishes are being washed by hand, the swab test will reveal to the health inspectors whether or not the utensils have a high count of bacteria.

In making the test, the sanitarian swabs four glasses, cups, plates or pieces of silverware for each test. The cups or glasses are swabbed around the outside and inside edge to lip depth; plates are swabbed crosswise; and the fork tines, spoon bowls and knife blades are swabbed lengthwise. In making the swab test, the sanitarian uses a prescribed procedure which has been worked out by the laboratories.

## The Work of the Epidemiologist

**T**he State Board of Health's medical epidemiologist is concerned with the prevention of food-borne illnesses. In talks and lectures at schools and courses for food service workers, sanitarian trainees and other groups, he emphasizes the "chain-of-infection" for food-borne outbreaks and demonstrates methods of prevention.

A total of 271 reports of unclassified food-borne illnesses were made in 1965 in Florida. These were predominantly family or some other small group made ill by a common meal. These illnesses were due, in most part, to some breakdown in proper methods of food preparation, preservation, storage or transfer. The epidemiologist encourages the local health department to investigate these "small" epidemics or supervises the study of them for the purpose of collecting important data as to their exact source or cause.

Of important concern to the investigators is whether or not a commercially-prepared and widely-distributed food product is involved. In the average and typical outbreak, the cause is not a



**A meat slicer is checked by a sanitarian during a meat market inspection.**

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commercial product but rather a contamination and/or mishandling of a food item within the home, school or food service establishment.

Of greater interest to the epidemiologist than the easily identified outbreak of food poisoning among a group of persons is the occasional single case of Salmonellosis (which is on the increase in both the United States and Florida), of typhoid, brucellosis, tularemia, trichinosis or tapeworm — all predominantly food-borne diseases. In 1965, these specific diseases were responsible for 2674 persons becoming ill in Florida.

The State Board of Health's Division of Epidemiology is the central collecting agency for all reports of infectious and communicable diseases and it carefully studies all confirmed cases of food-

borne illnesses and suspected cases for evidence of common source.

An increase over a period of time in the number of reported cases of, for example, Salmonellosis, raises the question of "why" in the mind of the epidemiologist. Detailed studies of reports are

The plates and silver used by a hotel's room service are scrutinized by the sanitarian.



conducted and evidence of a common source sought. When necessary, the County Health Departments are alerted to possible changes in food-borne illness situations and requested to collect more specific data for further study. Any increasing number of persons involved in a geographic area, which may include several neighboring counties, is also investigated.

Often an epidemiologist from the State Board of Health visits the involved counties and personally conducts the investigations,

including interviews and examinations of patients and the collection of specimens for laboratory study.

Through the continuous study of incoming reports of food-borne illnesses from private physicians, hospitals, County Health Departments, laboratories and other sources, the epidemiologist maintains a constant surveillance for common source problems and a continuous concern of further spread, once the source is recognized.

## Coordinated Efforts in Food-Borne Outbreaks

The County Health Department is the first public health agency to become aware of food-borne illnesses. When hospitals or private physicians recognize a possible food-borne outbreak, they notify the local health officer or sanitarian immediately. The local public health team, including the sanitarians and public health nurses, go into action under the medical supervision of the health officer. Since the time element is important to the investigation of these outbreaks, the bacteriologist in the state laboratory is alerted to be ready to test food samples and stool specimens and the epidemiologist is informed of the situation.

The State Board of Health has a team, composed of a sanitarian consultant and medical epidemiologist (and occasionally a bacteriologist), which is sent to work with the County Health Departments in gathering specimens when outbreaks of food-borne illnesses occur.

Sealed kits for the proper collecting of both food and body specimens are maintained at the State Board of Health and a number of County Health Departments to be used in investigating food-borne outbreaks. These kits include a number of sterile jars, knives, tablespoons, forceps and swabs, and the necessary forms and other equipment to facilitate collecting specimens and submitting them to the laboratories.



The public health nurses are frequently called upon to interview patients and their physicians and/or collect the necessary specimens. Medical examinations are made of food service workers to see if they are carriers of the germs. The sanitarian picks up

## A TOTAL PROGRAM

**T**hrough the coordinated efforts of the many bureaus and divisions of the State Board of Health and their independent programs, the total program for the prevention of food-borne illnesses involves:

**Prevent contamination**—Protect food items from contamination with the germs which cause food-borne illnesses. Chicken or other meat salads and all foods must NEVER be handled or prepared by persons with pus-forming sores on their skin, particularly their hands. All persons involved with food preparation must wash their hands with soap after using the toilet. No person with a cough, throat infection or intestinal upset should handle food.

**Prevent propagation**—Prevent the growth of harmful bacteria if the contamination of the food cannot be prevented. Adequate cooking kills most of the germs, and adequate refrigeration or maintaining the foods at hot temperatures until consumed, will prevent those germs which are still alive from multiplying or producing toxins.

**Prevent consumption**—If the contamination of the food cannot be prevented, or if the food fails to be properly refrigerated or maintained at a hot temperature, the State Board of Health has the legal authority to prevent the consumption of such foods.

samples of all foods available in the food service establishment. Sometimes the restaurant may have sold out of food during the previous day, or thrown all leftovers into the garbage.

When the laboratory has received the food samples, it performs the three basic tests: plate, staphylococcus and coliform counts; plus additional tests for the presence of *clostridium perfringens* (bacteria found contaminating meats), streptococcus, salmonella

and other intestinal germs. The food may be examined for other poisons, such as insecticides, roach poison, zinc, arsenic and other chemicals when the circumstances and epidemiologic features suggest that such tests should be done.

The County Health Department sends to the laboratory and to the epidemiologist such information as: symptoms the patients are showing, history of the cases and reactions of the patients. Because complete testing of food samples may take from two days to two weeks, every effort is made to determine what type of bacteria the patients may have consumed so that treatment may be started.

During the time needed to perform the tests and investigate the causes of the food-borne illnesses, there is continuous communication among the laboratory, epidemiologist and other consultants of the State Board of Health, the County Health Department, private physicians and hospitals.

### Questions Asked:

During an outbreak of food-borne illness, the County Health Department, the State Board of Health, laboratories and epidemiologists are asking important questions that point up the breakdown in food handling procedure or sanitation.

What food had the harmful bacteria? The meat, vegetables or cream desserts?

Under what conditions did the bacteria develop and multiply? Was the food left at room temperature for an extended period of time? Was the refrigeration temperature wrong?

How did the contamination take place? A boil on a food

worker's finger? The cook didn't wash his hands after using the toilet?

If traced back to the source, the food-borne disease or poisoning may implicate one or all of the following: the cook, the dishwasher or some other food service worker; poor housekeeping methods consisting of dirty floors and walls or contaminated utensils; lack of proper refrigeration; or poor food handling.

As previously stated, only 271 unclassified food-borne illnesses were reported to the State Board of Health last year. These were probably less than five per cent of the total number. Often people fail to relate an illness to food they have eaten until it is too late to investigate. Isolated individual cases, strangers who ate the same food in the same restaurant, are difficult to trace. It is easier to pinpoint food-borne outbreaks or breakdowns in food handling techniques when groups, such as people at a banquet or picnic or a family in a home or lunch at a school, have consumed the contaminated food.

## Protection From Food-Borne Illnesses

**W**hat is being done in Florida to protect you from food-borne illnesses? Every walk of life has people in it who will cut corners to save a few cents and the food industry is no exception. While the majority of food service establishments are interested in protecting their customers from such illnesses, a few operators, in all levels of the business, will unknowingly take a chance with perishables or potentially hazardous food, or fail to keep their kitchens or storerooms as spotless or rodent and insect proof as they should.

The State Board of Health and County Health Departments are doing their best to protect you from the health hazards that would doubtlessly prevail if the health agencies were not authorized



Some of the food establishments inspected by sanitarians include a hospital ward kitchen (1), a jail's kitchen (2), a supermarket's produce showcase (3), and an ocean-side bar at a resort (4).

to inspect food establishments. They have the organization for the regular inspection of all food establishments – from the local drive-in where the teenagers congregate to the most expensive dining room in a vacation resort, from the smallest neighborhood market to the chain supermarkets. They also have the organization to educate food service workers and to teach them better sanitation, personal hygiene and food handling practices.

Some of the County Health Departments are making continuous evaluations of their food sanitation programs and inspection methods so sanitarians can improve their work and obtain better compliance with the State Sanitary Code.

The State Board of Health has laboratories for the testing of suspected food samples and stool specimens and corroborate or disprove a diagnosis of food-borne illness. Such outbreaks frequently occur suddenly and dramatically. This state agency and the County Health Departments are ready to investigate all possible roads to discover how such outbreaks happen so that future protection of the citizens of Florida can be maintained.

As one sanitarian said, "It is a wonder that with the millions of meals served every day and with thousands of workers handling food that there are not more outbreaks of food-borne illness." Perhaps there would be many more outbreaks and more serious ones if the State Board of Health and County Health Departments were not in the business of food hygiene.





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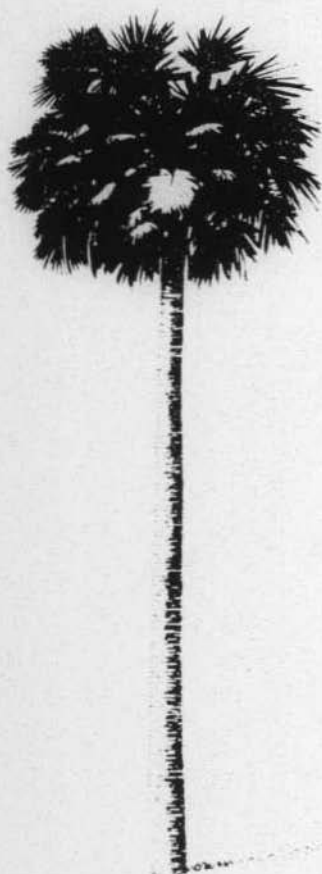
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# FLORIDA HEALTH NOTES



VOLUME 58 — NO. 7

## Highway Accidents

SEPTEMBER

1966

—*They Are Your Responsibility*

FLORIDA STATE LIBRARY



The law enforcement officer is doing his duty when he gives a citation for a traffic violation. He will ask for your driver's license and car registration. After he has filled out the traffic ticket he will ask you to sign it.

# HIGHWAY ACCIDENTS

## *—They Are Your Responsibility*

One Florida newspaper recently carried these stories:

- Three persons, returning home from church, were killed when their automobile was involved in a head-on collision with a truck driven by a man who told police he had consumed a half-pint of liquor shortly before the accident.

- One sailor was killed and two were injured when their car went out of control and left the road. Police said the car had been clocked at speeds up to 100 miles an hour just before the accident.

- Two high school graduates were fatally injured when the motorcycle they were riding swerved off the road, hit a guard rail, slid into a bridge abutment and skidded 132 feet. The boys, who had gone through commencement exercises less than 12 hours before, were thrown 80 feet.

Newspapers carry stories like these every day. Accidents are getting to be so commonplace that unless there is a death or an unusual twist to the story, they do not reach the news columns.

The statistics involved in highway accidents are getting to a point where they are incredible. In the United States, one person is killed every 11 minutes or approximately 49,000 a year. This means that the population of a city the size of Tallahassee, according to the 1960 Census, is wiped out annually. In Florida a person is killed every five and a half hours. This means that 1659 persons, or the population equal to Williston or Indialantic, die each year from automobile accidents. A total of 88,000 persons, or a population equal to Orlando, is injured in Florida annually and each year the state suffers an economic loss of over \$331 million from deaths alone.

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(Cover photograph) Tragedies, such as this accident, occur much too frequently in our world today. At the present traffic accident rate, one out of two persons will be involved in a major accident during their lifetime.



## Let George Do It!

Everyone knows that accidents happen. Nearly everyone is willing to let someone else do something to prevent them. The President, governor, mayors, licensing authorities, traffic engineers, police, courts, high schools and safety councils are trying to do something. Everyone is making an effort to reduce the number of highway accidents but the responsibility lies with the one who creates the accidents—YOU, the driver of automobiles.

What do you think about when you climb into the seat of your automobile and fasten your seatbelt? Do you think and practice safe driving or do you think, "Gangway, here I come!"

Many people have the attitude, "No matter how much you say, it can't happen to me. I'm a good, safe driver."

They may be good drivers, but unless they know and obey the traffic law, good drivers may be the next statistics in the State Board of Health's records.

Do you know what defensive driving is? The State Board of Health and County Health Departments are interested in what the Florida Highway Patrol and safety councils are doing to prevent highway accidents. Do you know what various groups are doing toward traffic safety—both with motor vehicles and bicycles? This issue of **Florida Health Notes** will discuss the problem that is vital to Floridians and visitors who drive our highways—traffic safety.

There are three major factors involved in preventing accidents:

**Engineering**, which includes automobile and highway design and construction;

**Enforcement**, which involves the work of the Florida Highway Patrol, those sheriffs' departments which have traffic divisions, and the courts; and

**Education**, which includes the work of the safety councils, schools, formal driver training schools and parental responsibility.

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### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

VOLUME 58 — NO. 7

SEPTEMBER 1965

There are some favorable factors without which there would be far higher death and injury rates. These are: vehicle design, limited access highways, engineering improvements on highways, driver education, commercial driver training and seatbelts.

## *ENGINEERING*

Many of the roads in the United States and Florida were designed and built before the days of high speed automobiles. Ninety-nine per cent, or 31½ million miles of today's highways are of this type of road. Most of them are narrow, two-laned highways which were all right for the Model A's but which are too dangerous for today's high speed automobiles.

Florida has 10,708 miles of primary roads under state maintenance of which 1556 miles are four-lane highways. Of these four-lane roads, 457 miles are of the Interstate Highway System. Over 20,000 miles of the system have been completed in the United States. These highways carry one-tenth of all travel but because of their construction, limited access, median strips and absence of intersections, the death rate is one-third that of rural roads. On the Florida Turnpike, travel has increased so extensively that gross revenues for 1965 reached the level forecasted for 1987. This means that not only does the Turnpike carry more traffic than predicted but the feeder roads which lead to the super highway are likewise carrying heavier traffic.

Community planning calls for traffic engineering. In some large Florida counties, plans for shopping centers and schools must be approved by zoning boards, highway departments and county commissioners so that entrances to parking lots and exits will not create traffic hazards.

There are over 91 million automobiles in use in the United States. While the automobile industry is under pressure to engineer safer cars, new models are being developed with higher horsepower which makes for faster speeds. Advertising today gives the idea that speed is a social status and shouts "torrid, new luxury sports cars," "super-powered," and "live it up with the lively ones."

Modern highways are designed by engineers for high speed automobile travel with median strips, no intersections and limited access. Florida has over 1556 miles of four-lane highways, of which 457 miles are of the Interstate Highway System.



The automobile builders have apparently abandoned the gentleman's agreement of a few years ago to de-emphasize the horsepower race.

Suggestions have been made by various organizations, safety councils and individuals for safer and better automobiles. These suggestions include: safer body frames, stronger bumpers with hydraulic collapsible brackets, collapsible steering wheel columns (many drivers are killed in this position), tempered safety glass or shatter-proof plastic windows, padded dashes, seatbelts and shoulder harnesses, roof's antiroll bars, decreased horsepower and elimination of power steering and automatic transmissions.

Some of these suggestions, such as padded dashes and seatbelts have already been put to use and have been credited with saving a number of lives.



## ***ENFORCEMENT***

The Florida Highway Patrol is the only statewide traffic enforcement agency. This agency has a staff of approximately 800 men. Some county sheriffs' departments have traffic divisions and many city police departments are involved in traffic enforcement within city limits.

Enforcement is one of the key factors in preventing highway accidents. Motorists squawk when laws are strictly enforced but there is usually a decline in traffic accidents and fatalities. When enforcement is not so strict, the number of accidents rise. Frequently, the Florida Highway Patrol concentrates its efforts at special hazardous places. Each month it pinpoints one particular

moving violation, which is a primary factor in highway deaths. Such violations are running stop signs or stop lights, speeding or improper passing or turning.

Law enforcement agencies are authorized to use electrical or mechanical measuring devices to apprehend those who violate the speed law. One of the more common methods used is radar. This device utilizes an instrument set up on a parked police car which can determine the speed an on-coming car is traveling. If the driver is exceeding the speed limit, a patrolman radios a description of the car to a second patrolman down the road who apprehends the traffic violator. The law requires that areas be marked where radar is being used.

The Florida Highway Patrol also uses light aircraft to spot speeders. A spotter in the plane can check the speed of a moving automobile between two lines painted across the highway a quarter of a mile apart. If a stop-watch shows that the driver is exceeding the speed limit, a patrolman on the ground is notified and the speeder is apprehended.

The Highway Patrol sometimes will saturate with unmarked and radar cars areas where teenagers and young adults are causing difficulty with such activities as drag racing. Frequently a number of arrests are made for a wide number of traffic violations.

In one incident, teenagers in two cars were given citations by traffic enforcement officers for doing the opposite of what young people usually do. These boys were driving too slowly, side-by-side, on a traffic-loaded highway, refusing to let other vehicles pass.

## **The Courts and Equipment Inspection**

Law enforcement is only as good as the courts which handle traffic violations. In most Florida counties traffic cases are heard by justices of the peace, while in the cities such cases are heard in municipal courts. Some police agencies and judges feel that the state should have a system of traffic courts that handle only traffic violations to avoid tying up policemen in court while other judicial business is being transacted.

The Florida Highway Patrol regularly conducts checks of automobile equipment and licenses. Making inspections at any time and



## A Study in Automobile Design

A research study to make automobiles safer "packages" to carry drivers and passengers is in its third year in Florida. The Automotive Crash Injury Research program studies the relationship between car design and injuries sustained by occupants. Based on studies made and data applied to engineering safety design, improved door holding mechanisms, recessed steering wheel hubs, padded instrument panels and sun visors and seatbelts may have already saved thousands of lives. The study involves the Florida Highway Patrol, the State Board of Health, the Florida Medical Association, the Florida Hospital Association and the Cornell Aeronautical Laboratories at Buffalo, New York.

place, the Patrol finds that about 15 per cent of automobiles have some defective equipment, such as: lights, horns, wheels and brakes. Drivers of automobiles which have defective equipment are issued written warnings and given 48 hours to make the corrections. After that time, the driver can be arrested if he has not corrected the faulty equipment.

Florida Statutes say that automobile windshield wipers should be in working order but the Highway Patrol points out that there is no law which says the car must be equipped with a windshield or a fender or hood. A torn or bent fender, when not repaired, can be dangerous if it strikes a pedestrian.

The Highway Patrol, and some sheriffs' departments, have underwater recovery teams which are available for recovering automobiles, bodies or other objects. The Florida Highway Patrol team was organized in 1957 and now has nine members, all volunteers, who took scuba diving training on their own time and purchased their own equipment. A boat, trailer, outboard motor and an air compressor, which reloads the air tanks for the divers, have been donated by civic-minded companies. The services of the team are available throughout the state and on occasions have been used by the State of Georgia.

## A Point for Enforcement

In one Florida city, police strictly enforced the laws during 1965, giving a number of citations for violations. There were fewer accidents and fatalities than the previous year. The law enforcement was apparently not so strict during the first six months of 1966 because there were more fatalities in that period than during the entire year of 1965.

Police agencies believe that strict enforcement of the laws, stern punishment for persistent violators, and compulsory inspection of automobiles would make the streets and highways of Florida safer for motorists.

## *EDUCATION*

Where engineering and law enforcement can do only so much or go only so far in preventing traffic accidents, education is the biggest factor in cutting down the slaughter on the highways. It is education that can do something about human failure which accounts for 90 per cent of the accidents.

There are many means of education. There is driver education in public high schools; there are adult driving schools, court-approved driver improvement schools, mass media and parental responsibilities and attitudes.

Safety councils and law enforcement agencies sometimes feel that the effectiveness of driver education in high schools is lost when the children come home, climb into an automobile with their parents and watch their parents violate the law. They frequently are impressed when Dad runs a red light and brags, "I got away with it!" It has been noted by insurance companies, police and safety councils that people under 25 years of age, who have the lowest physical impairment, have the highest accident frequency rate, possibly due to lack of good judgment, carelessness or low regard for the law.

## The Driver Improvement Course

Many people are of the opinion that accidents can happen to everyone else but "It can't happen to me." Well, it can!

You might go for years without a traffic accident or citation but then the law of averages may catch up with you and you have had it. At the present rate of increase in traffic accidents, one out of two persons who drive will be involved in a serious accident sometime in their lives. This will not be a minor accident, such as a scraped fender or bent bumper, but an accident in which there is serious injury or death.

To combat the escalating number of accidents, the safety councils in Florida, of which there are three accredited with the National Safety Council, offer a **driver improvement course** for the experienced driver. There are several other safety councils in Florida but these have not yet been accredited with the national organization.

The center of the driver improvement course is learning how to drive defensively and to prevent accidents before they happen.

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The driver of this station wagon may have been operating his vehicle according to the law but the accident probably occurred because someone was careless or made a mistake. Ninety per cent of all traffic accidents are preventable.



**Preventable accidents** are ones in which you, as the driver, fail to do everything you reasonably could have done to prevent the accident.

**Defensive driving** is driving to prevent accidents despite the errors of other drivers and adverse driving conditions.

Drivers who are behind schedule abuse their vehicles by speeding or running stop signs. Those who are discourteous consistently misuse their cars and endanger others on the highways. These acts result in traffic violations and accidents which are human errors. These errors result in preventable accidents.

Adverse driving conditions may cause accidents. These conditions which should be taken into account when you are driving are:

- light conditions from sun, glare or haze,
- weather conditions resulting from rain, slippery roads and poor visibility,
- road conditions involving width of pavement, broken pavement, soft shoulders and construction.
- traffic conditions involving congestion, slow drivers or speeders,
- vehicle conditions which may include poor brakes, lights or steering apparatus, and
- driver conditions which may involve drunkenness, drugs, fatigue or emotional problems.

How do you prevent accidents? The formula, if you can call it one, is simple and can be acquired with practice:

- Recognize traffic hazards, such as poor weather conditions, a drunken driver or vehicle approaching an intersection at a high rate of speed.

- Understand what to do, such as slow down for weather conditions; don't try to pass the driver who obviously has been drinking; and slow down, prepare to stop in case the other vehicle runs a stop sign.

- Act in time to avoid the accident. Don't wait until the last minute, hoping the situation will take care of itself.

## The Two-Car Crash

The two-vehicle crash accounts for 42 per cent of all traffic accidents. Single car crashes, with vehicles going off the road, add another 30 per cent; another 18 per cent involves cars hitting pedestrians; cars hitting fixed objects account for five per cent; vehicle-railroad accidents add another three per cent, and vehicle-bicycle and other types each account for one per cent.

Your automobile may be in a two-car crash in six different ways:

- the vehicle in front of you,
- the vehicle behind you,
- the vehicle approaching from the opposite direction,
- the vehicle approaching from a right angle,

## The Law Regarding Stop Signs, Yield Signs and Traffic Lights

Florida laws are specific regarding various types of signs. Many accidents occur because drivers violate these particular statutes. Regardless of what many people think:

The octagon shaped (eight-sided) stop sign means that you must come to a complete halt; it means cessation of movement and it doesn't mean "maybe" or that you can "slow down."

The triangular "yield" sign means that you must come to a complete stop at an intersection if traffic is approaching on the other road. But if the way is clear, you may proceed through the intersection—after slowing down. This sign doesn't mean "get the jump on the other fellow."

The flashing red light requires stopping before entering the intersection and proceeding only when traffic is clear.

The flashing yellow light usually indicates a dangerous intersection and means "slow down" and proceed with caution.

Only the green light means "go." When a traffic light is turning yellow, it means "caution," be prepared to stop; a red traffic light means "stop."





Radar is one method police use to enforce the speed laws. The transmitter (1) is set upon a parked police car or (2) on a tripod next to the highway. Radio waves sent down the highway, bounce back from an oncoming car and (3) are registered as miles per hour on a dial (arrow). The police officer radios ahead to (4) a second patrol car where another officer intercepts the traffic violator.

- the vehicle passing you, and
- you passing another car.

To prevent an accident with the car in front of you, you should keep with the tempo of traffic and follow at a proper distance (one car length for every 10 miles per hour of speed). By allowing proper following distances for adverse road conditions, you can have enough reaction and braking distance in order to make sudden stops. Advertise what you are going to do. Don't keep the driver behind you in the dark.

One of the most serious accidents is the head-on collision. Why do drivers cross the center line and become involved in an accident?



with an oncoming vehicle? They may not be attentive to what they are doing; they might be looking some place else; they may have been drinking, sleeping, making a left turn, passing another vehicle and misjudged the speed needed to make the maneuver. What do you do when you see a car coming at you head-on in your lane of traffic? You should slow down, sound your horn, blink your lights and be prepared to pull off on the shoulder. Perhaps the driver is not aware of what he is doing. Do not swing to the left lane because he may realize what he is doing and swing back, also, you may meet head-on.

Did you know that 40 per cent of two-car accidents occur at intersections? The four points of safety at intersections are:

- know what you are going to do,
- drive slowly,
- show other drivers what you're going to do by hand signals or automatic car signals, and
- go without hesitation after the oncoming traffic has cleared.

Some drivers don't like to be passed on the highway but there is no need for them to react emotionally. While you are being passed by another vehicle, you can be sideswiped, cut off short or forced off the road. If another driver is passing you, the best thing to do is slow down, thus making it easier for him to pass; check to see if anyone is coming in the opposite direction, and keep to the right of the roadway.

If you are passing another vehicle, there are several rules to remember: stay at a good following distance until you wish to pass, check ahead and behind, signal that you are moving to the left and then move, tap your horn to let the driver know you are passing, accelerate your vehicle, signal that you are going to move back to the right lane and move to the right only when you are clear of the other vehicle, resume safe speed, and turn off signal.

The best practice is to move with the traffic and pass only when it is necessary—not to just pass someone. You should not pass at intersections, in any section of the highway where the solid line is on your side of the center of the road, at railroad crossings, where vision is impaired, or when you have to exceed the speed limit.

## The Mystery Crash

Cars can be maneuvered to go forward, reverse, turn and stop. The ability of the driver to steer and stop his vehicle is related to the speed at which it is traveling. The one-car crash is frequently called a "mystery accident" because the driver is sometimes killed and no one knows why the accident occurred.

There are a number of conditions leading to the one-car crash. There might be glare of improper headlights on approaching cars, rain or fog; bad road conditions, such as curves, guardrails, soft road shoulders; traffic jams or improper passing; poor brakes, lack of seatbelts, tire blow-outs or condition of the driver

The condition of the driver is perhaps one of the most important factors in the one-car accident. A study made by the Dade County medical examiner in 1963 showed that 68 per cent of the single vehicle accidents involved drinking drivers. A driver who has been involved in a one-car crash may have been day dreaming, the victim of highway hypnosis or drugs — antihistamines, amphetamines, tranquilizers or narcotics. Frequently there is nothing for police to determine what happened, just a wrecked automobile against a post or tree, a dead person and — perhaps — skid marks.

Most mystery accidents are preventable. The best method of avoiding the one-car crash is to have consistent control of your vehicle and drive at speeds safe for the conditions at hand.

## Other Types of Accidents

**Pedestrian-vehicle**—Injury or death occurs nearly every time in this type of accident. Persons mostly involved are children, the elderly or blind or drunk person. Although pedestrians do thoughtless or foolish things, the motorist will be able to avoid hitting a pedestrian if he has his car under control. With a defensive driver, the pedestrian has the right-of-way every time.

**Vehicle-fixed objects**—How many times have you heard about motorists backing over a child on a tricycle. Since backing is one



of the most hazardous maneuvers, the driver should back his vehicle only after checking to make sure everything is clear. Avoid backing if necessary.

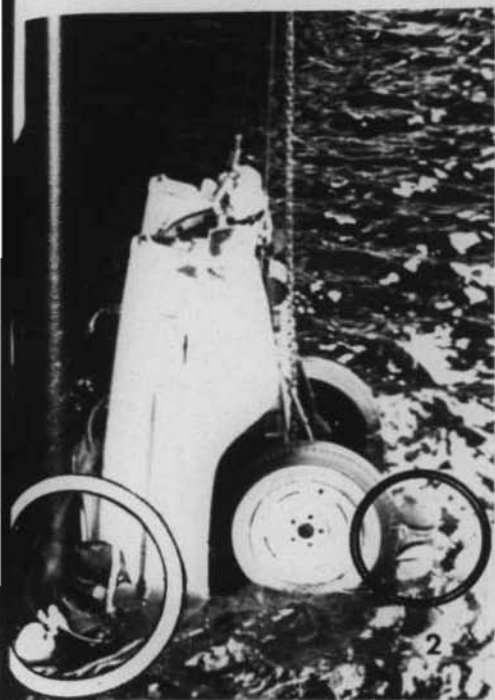
**Train-vehicle**—It is the responsibility of the drivers of motor vehicles to see that a railroad crossing is clear; it is not the responsibility of the engineer of the train. The good driver watches out for double tracks, unscheduled trains and certain types of vehicles, such as buses and gasoline trucks, which are required to stop at railroad crossings.

## Danger on Two Wheels

When a motorist sees a child on a bicycle, he should immediately be wary of what the child should do. In nearly every vehicle-bicycle accident, injury or death occurs. The driver should approach a bicycle with caution, tap his horn, slow down and give the child a wide berth—if possible.

Educational programs are carried on by the Florida Highway Patrol, safety councils and sheriffs' departments in many of the larger counties. Uniformed policemen or deputies visit schools each year to teach students the proper way to ride bicycles and check out the safety of the two wheelers.





The Florida Highway Patrol's underwater rescue team (1) prepares to go into action and (2) checks a car as it is pulled out of the water. (3 and 4) Other officers stand by as wreckers pull the car over the railing of a bridge.



Although schools and traffic enforcement officers sometimes carry on such educational programs, it is the parents' responsibility to see that their children know the proper way to ride a bicycle and the Florida laws involving bicycles. They frequently buy their children bicycles and then turn them loose on their own. A child on a bicycle doesn't have much of a chance when he is hit by a 3000 pound automobile. Few children are injured or killed going to and from school. They are told which streets or roads to



Many sheriffs' departments, safety councils and the Florida Highway Patrol carry on bicycle safety programs, in which uniformed deputies or police men inspect bicycles and teach the youngsters about safety.

## **Films on Highway and Bicycle Safety**

While other state agencies are primarily concerned with traffic safety, the State Board of Health carries on some educational work in this field through its Division of Health Education and Accident Prevention Program. A number of motion pictures are available from the Audio-Visual Library on automobile and bicycle safety.

Floridians interested in borrowing films should contact the Audio-Visual Library, Florida State Board of Health, Box 210, Jacksonville, Florida 32201, and allow two full weeks for their orders to be processed. Films available are:

**Safe Bicycling**  
**I's No Fool With a Bicycle**  
**The Bottle and the Throttle**  
**Broken Glass**  
**Freeway Driving Tactics**  
**Interrupted Morning**  
**Look Alive**  
**Motor Mania**  
**Smith System of No Accident Driving**

use and they look upon bicycles then as transportation. However, nine out of 10 bicycle accidents occur at other times, because children forget that bicycles are not toys and on the way to the store they forget the rules and regulations.

The bicycle rider has the same rights and is subject to the same responsibilities as any other vehicle—except in those special provisions which apply to bicycles.

- The cyclist must ride in the same direction as traffic, exercising care when passing standing vehicles or those proceeding in the same direction.
- The bicycle should not carry more riders than there are regular seats. (This law is frequently violated.)
- No more than two cyclists should ride abreast but it is often more practical to ride single file.
- Use bicycle paths where they are provided.
- Keep at least one hand on the handlebars.

## Motorcycles and Motorscooters

The motorcycle and motorscooter are in—definitely. In the last decade they have become very popular with the go-go set and teenagers and these groups are the ones which have the most injuries and fatalities. Motorcycle registration in the United States increased 56 per cent between 1960 and 1964 while cycle fatalities increased 83 per cent in the same period. There were over 1500 motorcycle deaths in the United States last year.

Motorcycles are dangerous because when they are involved in an accident, injury or death is nearly always certain. When a cyclist astride a powerful two-wheeler, travels at 60 miles an hour, he doesn't have much of a chance should his motorized steed hit loose gravel, a hole in the road or another vehicle. His body would catapult through the air and crunch against the first object in its path.

A cyclist should have adequate instruction before he takes off on a motorcycle. He should have plenty of experience before entering traffic; both he and his passenger should wear safety helmets and durable clothes. Many fatalities could have been avoided if the riders had worn helmets; bare arms and legs have no defense against dirt and gravel.

## The Second Collision

There are two collisions in every automobile accident. The first is the impact of the vehicle against another automobile, tree, abutment or some other object. The second collision occurs when the people in the car are thrown against the interior of the car; when they hit the ground, pavement or other object if they are thrown clear of the car.

There is much research and effort made to prevent the first collision. Admonition to drive safely, research into the relationship between alcohol and accidents, engineering of safe roads and high-

## EMERGENCY TRANSPORTATION OF THE INJURED

What happens to the thousands of persons who are injured in traffic accidents? Many are transported to hospitals in private cars but there are many who need emergency medical care. This calls for good ambulance service in every community.

The 1965 Florida Legislature passed a law which delegated to the State Board of Health and County Health Departments the responsibility to regulate and certify personnel and equipment for ambulance service.

The vehicles must contain adequate equipment for dressing wounds, splinting fractures, administering oxygen and controlling hemorrhages to the extent taught by a first aid course. The driver or attendant of the vehicle must have successfully completed a first aid course taught by the American Red Cross or one approved by the State Board of Health. In those areas where Red Cross instructors are not available, the County Health Departments give a 20-hour ambulance attendant training course which was developed by the State Board of Health.

There is concern over the number of accidents which involve speeding ambulances. Two persons were killed in two such accidents in Lakeland and Tampa. Many persons have been injured needlessly because the ambulances were speeding through intersections. A study made by the National Safety Council of 110 accidents involving ambulances shows that not one time was an emergency involved.

Some recommendations have been made that no ambulances be equipped with bells, sirens or exhaust whistles and that such vehicles conform to traffic control. Perhaps there would be fewer accidents involving ambulances if adequate first aid, administered by competent ambulance attendants, could replace the mad dash to the hospital.





Good emergency transportation of the injured is important in every community. The State Board of Health and County Health Departments certify that ambulance attendants have had first aid training and the vehicles are equipped with the necessary items to give assistance to the injured.

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ways are efforts to cut down this category. Investigation into the causes of the first collision is important but there is less consideration of the causes and prevention of the second. A few individuals and organizations, including the State Board of Health and other groups in Florida, have worked on this problem and shown that there are many dangerous features in our cars that can be corrected without further research.

The interior of our cars can be stripped of sharp handles and protruding knobs. Adequate padding should be provided through



out the automobile and the chest-crushing potentiality of the steering column should be eliminated. Further education is needed on the use of seatbelts. Although they are becoming standard equipment on cars and many states require that they be installed in new cars, many people have not adopted the habit of "buckling up" their seatbelts.

## What is Your Attitude?

Many people take their automobile driving quite casually. They have never read the **Driver's Handbook**. They don't know the laws so they can't obey them. Engineering and enforcement can do only so much to prevent accidents, so it is the responsibility of every driver to obey the laws and drive safely.

Perhaps you take driving seriously; but there are many people who don't. They have the attitude, "It can't happen to me!" and they go their way, speeding, running stop signs, following too closely, passing illegally and taking chances.

Every day you see traffic violations. Too many people will go through a traffic light when it is changing from yellow to red. Add this one to a driver who "jumps" the light as it turns from red to green and BANG! you have a collision that could have been prevented.

The driver who fails to come to a complete halt at a stop sign and doesn't see an oncoming vehicle has no excuse for creating an accident. Irresponsibility is the cause of 90 per cent of the accidents on our highways today.

If you drive defensively, know the laws and do your best to prevent accidents, you won't use these excuses which are frequently heard after an accident:

"I thought he was going to stop."

"I didn't see him coming."

"I had the right of way."

## **Study the Driver's Handbook**

**Are you familiar with the rules and regulations which are enforced on Florida's highways? Do you know the answer to such questions as:**

**What is your financial responsibility if you are involved in an accident?**

**Do you know the various traffic signs?**

**The number of points you can get if convicted of speeding?**

**Why you must have a driver's license?**

**If you don't know the answers, read the Driver's Handbook. It is available from the Department of Public Safety, Tallahassee, your Florida Highway Patrol stations or judges' offices.**

Illustrations on cover, 183 and 196-197, courtesy of Florida Publishing Company.

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# FLORIDA HEALTH NOTES

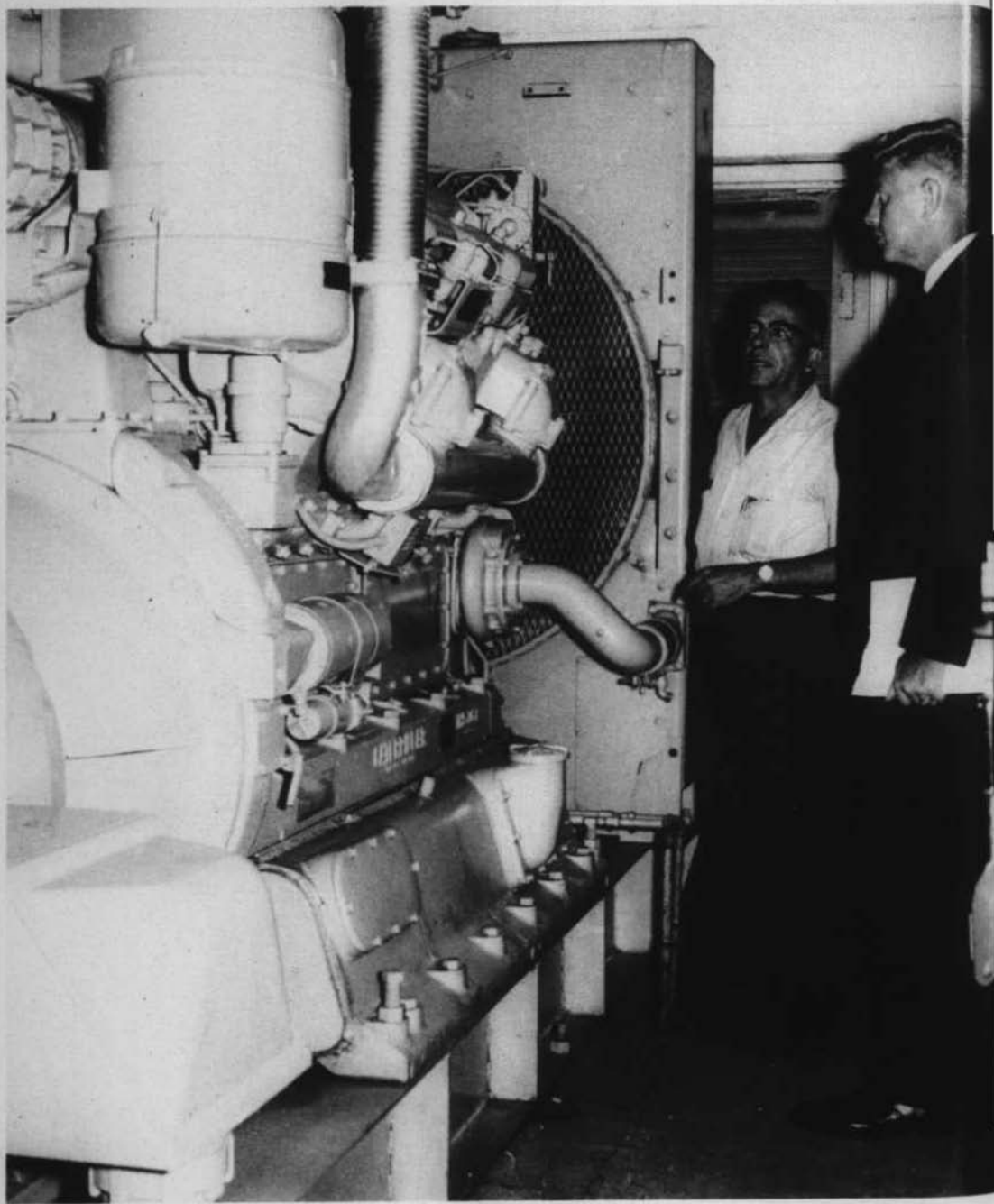


VOLUME 58 — NO. 8

OCTOBER 1966

## MEDICARE

The State Board of Health's  
Responsibilities



When the team from the State Board of Health inspects a hospital to ascertain that it can be certified to participate in Medicare, the men check such equipment as the emergency power plant, which is now required of hospitals under terms of the agreement . . .

# Medicare

## The State Board of Health's Responsibilities

MRS. M, who admits to being 68 years of age and eligible for Medicare, was sent to the hospital by her physician for a minor operation. She was in the hospital 14 days at a cost of \$32 a day — or \$448. There were other fees for services and she also faced bills from her physician and surgeon.

When she left the hospital, Mrs. M paid \$40 of the hospital bill. Medicare, which is actually a health insurance plan for the aged and became effective in the United States on July 1, 1966, paid the balance of certain charges on the bill. These included a semi-private room (a private room may be authorized if medically necessary), board, nursing service, the operating room costs, oxygen tent, diagnostic tests performed by the hospital and drugs furnished in the hospital. The insurance plan did not pay for the telephone she had installed in her room or the rental of a television set.

Her physician's and surgeon's bills, which were \$100 and \$200 respectively, were covered under Part B of the Medicare plan. The plan paid 80 per cent of the "reasonable" charges after Mrs. M paid the \$50 deductible and 20 per cent of the balance or a total of \$100.

\* \* \* \* \*

Medicare is not a medical program but a health insurance plan set up by Title XVIII of Public Law 89-97, which is known as Social Security Amendments of 1965. The plan has two parts.

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(Cover Photo) When a patient is admitted to service under Medicare, it is necessary that she show her Health Insurance Card in order to receive the benefits of the health insurance program.

● **Part A** includes inpatient hospital care, extended care benefits in skilled nursing homes after hospitalization, home health services through visiting nurse associations and County Health Departments, and outpatient diagnostic benefits which are to determine the nature and severity of a patient's illness.

● **Part B** covers physicians' services, other medical services and supplies necessary in treatment of an illness or injury and furnished by a physician as part of his treatment or by an outpatient department of a hospital, and home health services which a doctor may decide that his patient needs and for which hospitalization is not required.

Part A (hospital insurance plan) is for everyone over 65 years of age and is financed by special Social Security tax deductions from the working public. Part B, the supplementary medical insurance plan, is only for those persons over 65 who elect to participate and is paid for by premium payments made by enrollees and federally-appropriated funds.

This issue of **Florida Health Notes** will discuss the role of the State Board of Health in Medicare and what is provided for those who are eligible to receive its benefits.

## **Background of Medicare in Florida**

The State Board of Health was designated by the Governor on November 5, 1965, as the Florida agency to certify hospitals, extended health facilities, laboratories and home health services under Title XVIII of Medicare.

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### **FLORIDA HEALTH NOTES**

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education.

**VOLUME 58 — NO. 8**

**OCTOBER 1966**

A contract between the State Board of Health and the Social Security Administration was drawn up and signed on December 16, 1965. As previously stated, the hospitalization and medical insurance plans became effective July 1, 1966, but the extended care facilities section of Part A will become effective on January 1, 1967.

There are several agencies and organizations, both governmental and private, responsible for carrying out the Medicare program. The State Board of Health is responsible for certifying those institutions that want to provide necessary medical care and are capable of caring for patients. The Social Security Administration is responsible for administering the program. Three private organizations, Blue Cross of Florida, The Travelers Insurance Company and Aetna Life and Casualty Company, are the approved fiscal intermediaries under Part A for hospitals, extended care facilities and home health agencies. Blue Shield of Florida is the approved carrier and responsible for making payments under Part B.

## **The State Board of Health's Program**

When the State Board of Health was assigned the work of certifying those institutions which would offer medical services to the elderly people of Florida, the responsibility was delegated to its Bureau of Health Facilities and Services. Three aspects of the vast job were certification of institutions; consultation with prospective providers of medical services to see that they could meet certification; and coordination of the Medicare plan with public health programs already in operation in the state.

**Certification** requires the listing, surveying, evaluating and reporting on providers of medical services: hospitals, skilled nursing homes, visiting nurse associations, county health departments and independent laboratories.

Those hospitals already accredited by the Joint Commission on Accreditation of Hospitals are deemed to meet all requirements for participation in Medicare. Non-accredited hospitals are surveyed to find out if they qualify to supply services in this program. After





... the "nurse-server" in the minimum care ward of a hospital, which is stocked periodically by non-professional workers ...

the surveys are made and the providers of service have complied with standards set by the Federal Government, the State Board of Health may recommend them for certification. This certification is made by the U. S. Department of Health, Education, and Welfare.

**Consultation** is given to a number of providers who desire to participate in the program but need encouragement and assistance to qualify. There are an inadequate number of providers of service

in many rural areas and the State Board of Health is assisting interested non-participating institutions or organizations to qualify to give medical service to Florida residents. For example, many small hospitals, essential to their communities, need special assistance in organizing a medical staff, providing nursing service, setting up a method of keeping clinical records or some other aspect of hospital care to qualify. The State Board of Health also assists the participating hospitals and extended care facilities to organize a plan for "utilization review" procedure. More will be said later about the utilization review plan. Continual consultation is required to make sure the providers are giving good medical services.

**Coordination** is carried on by the State Board of Health to put Medicare into the framework of its organization and make it a partner in the general health programs of the state. The impact of the health insurance plan on existing public and private health programs will need to be examined and solutions sought where problems arise. The full effect of Medicare on public health will not be felt for some time to come.

When the health insurance program went into effect, Florida had 167 of its 199 hospitals certified as eligible to provide medical services for its citizens. The balance of the hospitals either refused to participate or their certifications were pending or the State Board of Health did not recommend them for certification.

## **What Certification Requires**

Hospitals which participate in Medicare are to engage in furnishing medical or rehabilitative services to patients either directly by or under supervision of physicians. They are to maintain clinical records, have an organized medical staff and require that all patients be under the care of a physician. These hospitals must provide 24-hour nursing service, be licensed by the State Board of Health, have a utilization review plan in effect and meet conditions relating to health and safety of patients as prescribed by the Federal Government.

Extended care facilities, or skilled nursing homes, must have transfer agreements in writing with one or more hospitals where patients and medical records can be transferred for continued but

limited medical and nursing care. These facilities must have a medical practice board which includes a physician and a registered nurse to develop and review policies governing medical services. They must have a physician, a registered nurse and other medical staff who are responsible for carrying out medical policies. Every patient must be under the supervision of a physician. Extended care facilities must also maintain clinical records, have nursing service 24 hours of the day with at least one registered nurse employed full time. They are required to have appropriate methods and procedures for dispensing and administering drugs, have a utilization review plan, be licensed by the State Board of Health and, like hospitals, meet the safety and health standards of the Federal Government.

Home health agencies must be primarily engaged in providing skilled nursing service and at least one other therapeutic service in the patient's home. Their policies must be established by an advisory group, which includes physicians, nurses and lay persons who are knowledgeable in health. The service provided in the home must be under the direction of a physician and supervised by a registered nurse. They must also maintain clinical records and meet health and safety requirements of the Federal Government. Florida has more than 55 home health agencies participating in Medicare and the number is growing rapidly.

At the writing of this issue of **Health Notes**, standards for independent radiological and clinical laboratories are being revised and the State Board of Health is giving interim approval to some of these facilities in Florida.

## **Licensing Before Medicare**

Before the State Board of Health was designated as the agency to investigate and recommend hospitals, extended care facilities or skilled nursing homes, home health services and independent laboratories for certification under Medicare, it had the authority under Florida laws to license hospitals and nursing homes in the state. The role of the State Board of Health under Title XVIII is

an extension and further development of responsibilities that it has had for a number of years.

Because of the way the laws were written, the State Board of Health in the past emphasized the structure of buildings, safety, available potable water supplies and proper sewage disposal. In the licensing of nursing homes, it was also concerned with minimum staff requirements and patient care. For a number of years, it also has been responsible for licensing those laboratories which were not under the direct supervision of a physician. Prior to this licensing procedure, the State Board of Health had checked on a voluntary basis the quality of work performed by laboratories in such specific areas as serological tests for syphilis.

Since the State Board of Health is now under contract with the Social Security Administration, it has a larger staff than previously to do a more complete job of inspecting and licensing Florida's medical service institutions.



... the ice dispensing machine ...

## Utilization Review Plan

In order to participate in the hospital insurance program, hospitals and extended care facilities must have a plan to provide review of individual cases receiving benefits under Medicare.

A review board, with at least two physicians and which may include other professional personnel such as nurses and medical social workers, examines the admissions of beneficiaries of the hospital insurance plan and periodically reviews the duration of stays and professional services to make sure the patient is receiving the best treatment and to promote the best use of the hospital's services and facilities.

In cases of small hospitals and skilled nursing homes where there is not sufficient staff or the lack of an organized medical staff, the utilization review board may consist of some persons outside the institution.

No attempts are made by the utilization review board to override the attending physician's decisions. He is the key figure in the review plans. He decides upon the admission of the patient, orders tests, drugs and treatment and determines the length of stay. Payments are made only if the physician certifies the posthospital extended care facilities or home health care. After admission, the physician will recertify periodically that the patient needs further hospitalization or extended nursing care.

An issue of **Florida Health Notes** on home health agencies and the services they provide is planned for December 1966.



# Part A - Hospital Insurance Plan

## Hospitals

How does a person who is eligible for Medicare secure medical services under Part A?

To receive benefits under the hospital insurance plan, the individual must be referred to a hospital by a physician.

In terms of the program, the patient's stay in the hospital is limited to a maximum of 90 days under one "spell of illness." Each "spell" begins the first day the patient receives services covered by Medicare and ends when he has not been a patient for 60 consecutive days. A new spell of illness begins the next time he received benefits under the program.

The patient pays the initial \$40 of the hospital bill and the insurance plan pays the balance of the covered charges on a reasonable cost basis. If he should stay in the hospital over 60 days, the patient must pay \$10 daily toward the cost of his hospitalization for each day he remains over 60 days. Should he have the misfortune to require hospitalization after 90 days, he would have to pay the full amount for each day after 90 days. With each new spell of illness he must pay the initial \$40.

### The patient receives:

- room and board in a semi-private room, with two to four beds,
- nursing services,
- drugs, biologicals, supplies, appliances and equipment ordinarily furnished to inpatient by the hospital,
- blood transfusions, except for payment for the first three pints of blood in a "spell of illness,"
- operating rooms and therapeutic services,



... the receiving unit of the diagnostic X-ray machine, where a radiologist can view the patient without being exposed to X-ray waves ...

- 
- diagnostic services,
  - medical social services and
  - services of hospital residents and interns who are in approved training programs.

**The patient does not receive:**

- physicians' and surgeons' services; these are paid under the supplementary insurance plan,
- private room, unless it is medically necessary,
- private duty nurse,
- cost of first three pints of blood and
- cost of items for personal comfort or convenience which he requests.

### **Mr. S and His Spell of Illness**

Mr. S was in the hospital for 20 days following a heart attack. He paid the first \$40 deductible on his hospital bill and Medicare paid the balance of the covered charges. Thirty days later, Mr. S was sent back to the hospital by his physician because of a relapse and this time he was in the hospital for 70 days. Because he was still in the same spell of illness, he did not have to pay the \$40 again but because he was hospitalized for more than 60 days, he had to pay \$10 a day for the last 30 days—or \$300 of his bill. The health insurance plan paid the balance of the covered charges.

### **Extended Care Facilities**

A patient may not need regular hospital care but his physician feels that he is not well enough to go home. He may be transferred to an extended care facility for this care but only if he has been in the hospital at least three days and this action takes place within 14 days from the day he was discharged from the hospital.

The patient may receive this care up to 100 days. The hospital insurance plan will cover all costs for the first 20 days and the patient must pay \$5 daily for the next 80 days.

**The patient receives:**

- room and board in a semi-private room,

- nursing care,
- physical, occupational and/or speech therapy,
- medical social services and
- drugs, supplies and equipment ordinarily furnished to patients.

**The patient does not receive:**

- physicians' services; these are paid under the supplementary insurance plan,
- services in a facility which is operated primarily for the treatment of the mentally ill or tuberculous,
- private duty nurse,
- private room, unless medically necessary and
- items for his personal comfort which he requests.

The extended care facilities are for the care of the elderly, medically-ill patient needing medical nursing or rehabilitative care. Payment may not be made for custodial care of Medicare beneficiaries. Institutions primarily for the care and treatment of mental diseases or tuberculosis are not eligible to participate in Medicare.

### **Mrs. D and the Extended Care Facilities**

Mrs. D, who was eligible for Medicare, was in the hospital for seven days. When she left the hospital, she paid the first \$40 of her bill and the hospital insurance plan paid the balance of the covered charges. Her physician decided she needed to be in an extended care facility for additional convalescence so she was transferred to one near the hospital. Mrs. D was in the extended care facility for 25 days. The hospital insurance plan paid all of the covered costs for the first 20 days and Mrs. D paid \$5 daily for the last five days. She had a television set in her room and she paid the entire cost for this service.

### **Home Health Services**

A physician may decide his patient needs a visiting nurse to

come to the patient's home to give an injection or change a dressing after the stay in a hospital or extended care facility.

The patient must have been in the hospital for at least three days. His physician must arrange for services within 14 days following his discharge from the hospital or extended care facility. The patient may receive 100 visits during a calendar year from a home health agency participating in the Medicare program.

**The patient receives:**

- part-time nursing care,
- physical, occupational and/or speech therapy,
- services of home health aides (in connection with treatment),
- medical supplies, except drugs,
- use of medical appliances, and
- rehabilitation services outside his home which require equipment that cannot be brought into the home.

**The patient does not receive:**

- physicians' services; this is covered under the supplementary insurance plan,
- full-time nursing service,
- prescription drugs,
- items for his personal comfort,
- services furnished by home health agencies primarily for treatment of the mentally ill,
- general housekeeping services and
- meals delivered to his home.

### **Miss P and Home Health Services**

Miss P was hospitalized in the C\_\_\_\_\_ Hospital for eight days following surgery. She paid the \$40 deductible on her hospital bill and the hospital insurance plan paid the balance of the covered charges. Her physician decided that she needed a nurse to visit her several times a week for three weeks to check on her condition and change the dressings on her incision. The nurse made nine visits to Miss P's home and the hospital insurance plan paid for all of the calls.



## **Outpatient Hospital Diagnostic Benefits Under Part A**

If a physician believes his patient needs diagnostic services to help determine the nature and severity of an illness, the hospital insurance plan will help pay for this service through the outpatient department of a hospital.

Benefits are received on a basis of diagnostic studies carried on for a total of 20 days at the same hospital. The patient pays the first \$20 and 20 per cent of the balance of the covered charges. The insurance plan pays 80 per cent of the remaining charges on a reasonable costs basis.

**The patient receives such tests as:**

- X rays for diagnosis,
- electrocardiograms,
- blood tests,
- urinalysis and
- other tests given to determine the nature and severity of an ailment or injury.

Charges are not paid by the plan for physicians fees, tests for routine check-ups and services not related to diagnosis of the patient's condition.

## **Part B-Supplementary Medical Insurance**

Part B of Medicare helps pay physician's bills, certain types of drugs and medical supplies and services and home health services.

Each person participating in Part B voluntarily pays \$3 a month to help finance the program. This money is either deducted from the monthly Social Security check, or paid directly to Social Security Administration or Railroad Retirement Board by those who do not receive Social Security.

The participant pays the first \$50 each calendar year and 20 per cent of the balance of his bills. The medical insurance plan pays

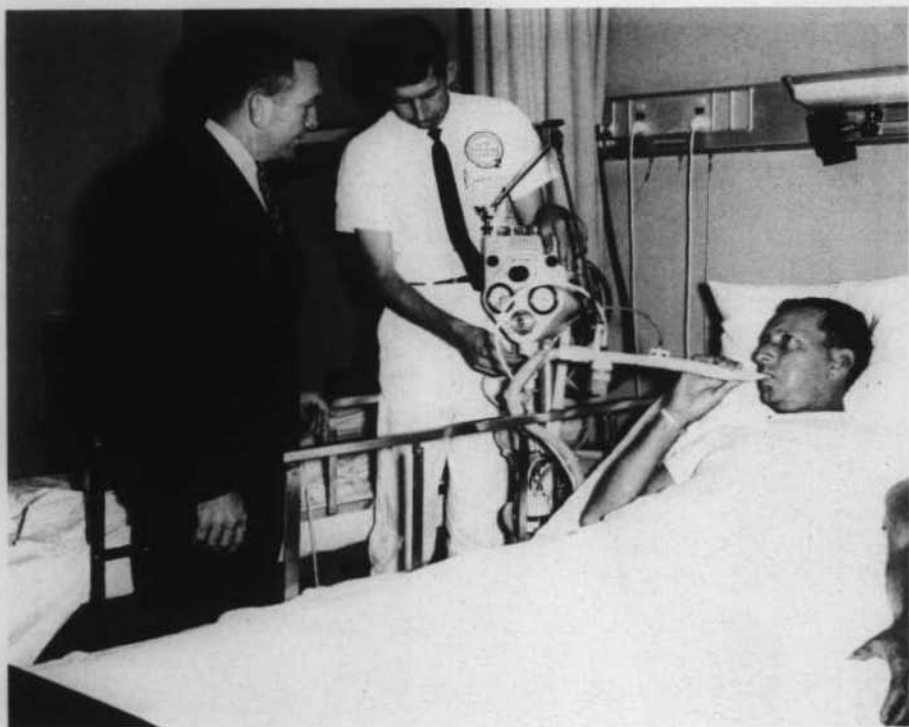


... the drug dispensing station, where efforts are made to guarantee that patients are given the correct drugs ...

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the additional 80 per cent, or \$4 out of \$5 of the reasonable charges made for such services.

In order for the participant in Part B to receive help on his doctor's bills, he first selects his own physician who is licensed to practice medicine in Florida. The medical insurance plan will pay for physician's medical and surgical services at the hospital, ex-



... the portable respirator, which is being used to give a patient inhalation therapy.

tended care facility and/or skilled nursing home, in his office or clinic, or at the patient's home.

**These services may include:**

- diagnostic tests,
- medical supplies,
- services of his nurse,
- drugs which cannot be self-administered,
- services normally included in a doctor's bill and
- dental surgery, if it involves a major dental operation on the jaw.

### **Services not included are:**

- routine physical check-ups,
- eye examinations,
- hearing examinations for hearing aids,
- routine dental care,
- immunizations and
- services of chiropractors, naturopaths, chiropodists, optometrists, Christian Science practitioners and podiatrists.

A patient may secure medical services such as X-rays and other radiation therapy, diagnostic tests (unless covered by hospital insurance plan), surgical dressings and drugs which the physician will administer. He may also receive such medical supplies as prosthetic devices, braces, artificial limbs and artificial eyes or the rental of medical equipment for use in the home.

Ambulance services may be secured through Part B but only when it is medically necessary.

The patient cannot receive prescription drugs and drugs he can administer himself, patent medicines, such as aspirin and cough medicine, hearing aids, dentures, eyeglasses and orthopedic shoes.

A patient may receive the same type of home health services under Part B, the medical insurance plan, as under the hospital insurance plan. The one difference is that he does not have to be hospitalized first. The home health agency will make the claim for the medical insurance benefits so the patient does not submit a request for payment when he receives this health service. The agency will bill the patient for the amount not paid by the medical insurance plan.

## **How to File Claims for Medical Insurance Benefits**

There are two ways to file a claim for benefits under Part B, the medical insurance plan: payment to the patient or payment to the doctor or supplier of services such as drugstore or medical supply house.

• **Payment to the patient**—Mr. S paid his physician and got a receipt saying the bill had been paid. He filled out the claim form attached the receipt and mailed them to: Medicare - Blue Shield of Florida, Inc., P. O. Box 2525, Jacksonville Florida 32201. He then received the share of the payment to be paid by Medicare.

• **Payment to the physician**—Mrs. D filled out Part 1 of the claim form and gave it to her doctor who filled out Part 2. He mailed in the form and received payment for the services he had given Mrs. D. This method of assigning the patient's benefit can be carried out only if the doctor or other person who furnished the services agrees to this method of payment.

## **Tuberculosis and Psychiatric Hospitals**

Hospitals which specialize in the care of tuberculous or psychiatric patients must maintain records and meet staffing requirements set by the Federal Government and accredited by the Joint Commission on Accreditation of Hospitals. In those hospitals where both active and custodial care are provided, the active part may qualify as a "hospital" if it meets the necessary requirements.

A patient in a psychiatric hospital is limited to 190 days lifetime care under the hospital insurance plan but temporary treatment for a psychiatric condition in a general hospital is covered by Part A of Medicare and does not apply against the 190-day limit.

## **The Law of the Land**

No recent legislation inspired such controversy or prolonged debates as Medicare. Now that Congress has passed the bill and the program is in effect, the disputes have not entirely subsided. Most people agree that our older citizens should have adequate health





The records of a Visiting Nurse Association are checked by a nursing consultant from the State Board of Health in order that the agency may qualify as a provider of services under Medicare.

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and medical care and the Congress wanted to plan quality services for the elderly at reasonable rates. Passed at a time when the costs of medical services and drugs were spiraling beyond the reach of



When the State Board of Health feels that a hospital, extended care facility, home health service or independent laboratory is qualified to participate in Medicare, the director of the Bureau of Health Facilities and Services signs the recommendation for certification. This is sent to the Federal Government which authorizes the institution or agency to provide medical services.

many elderly persons' incomes, Medicare helps assure those who need attention of top quality medical care.

The law does not provide direct care but only pays for certain parts of the costs of services furnished by others. The State Board of Health, Social Security Administration and fiscal intermediaries and carriers do not provide physicians, hospitals, skilled nursing homes, home nursing care or diagnostic services. Nor do the administrators of Medicare assign patients to physicians or hospitals.

Although some of the implications of Medicare are visible at the present time, there are others that cannot be seen. Only time and experience will reveal the full impact. It is a new day in the public health picture. Things will never be just the same again.

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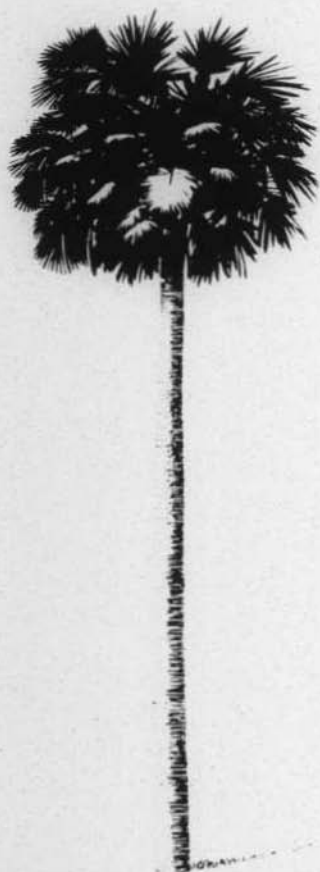
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# FLORIDA HEALTH NOTES



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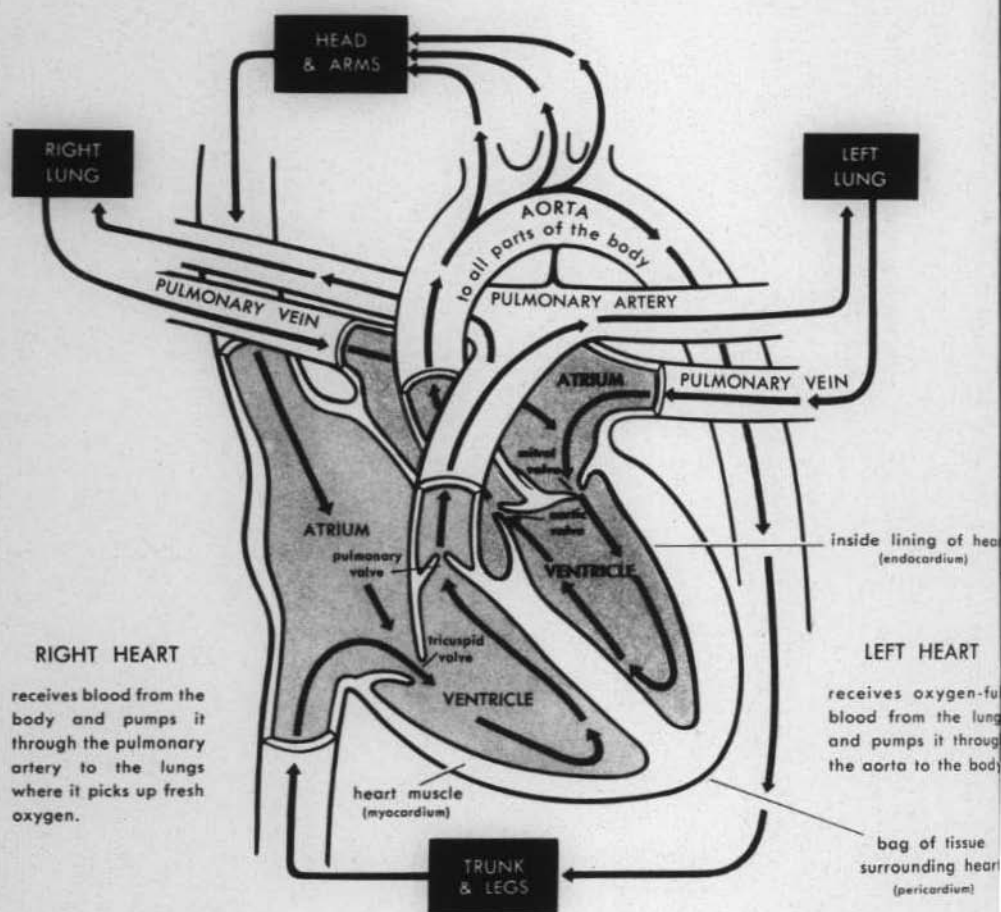
## HEART DISEASE

NOVEMBER 1966

...An Acute Problem



# YOUR HEART AND HOW IT WORKS



The heart is only a little larger than your fist but it is a powerful, long and hard working organ. Its job is to pump blood to the lungs and body tissues. Each side of the heart is divided into an upper chamber (atrium or auricle) and lower chamber (ventricle). The right side of the heart receives blood from the body tissues and pumps it through the pulmonary artery to the lungs where the blood gives up wastes and picks up fresh oxygen. The left side of the heart receives the reconditioned blood and pumps it through the aorta to all parts of the body.

# HEART DISEASE

## ... An Acute Problem

"Take a vacation . . . Take it easy, physically, emotionally and mentally . . . Split your vacation into shorter periods, instead of taking it all at once . . . Go for your vacation during the winter months, when the strain of your activities usually hits the peak, rather than in the summer months, when people ordinarily take their vacations and need them least, as the hot weather causes a natural slow-down in our physical and mental activities . . ."

Often physicians repeat this good advice to patients who are under the strain of high-powered business, to restless types of persons who cannot relax, even on their days of rest. The fast pace of modern living is probably an important cause of some forms of heart failure and other related diseases.

The problem of heart disease is acute and vital. Too many people, and too many young ones, in our country die of heart disease. The fact is that many of the victims very often needlessly suffer and lose their lives through ignorance; because they did not care to check their heart-motor, while running through life at high speed.

Several striking facts illustrate the magnitude and nature of the problem of heart disease and the significance of its effects in death, disability and economic burdens.

- According to mortality data of the State Board of Health, cardiovascular disease (diseases relating to the heart and blood vessels or the circulation) is the most serious of Florida's health problems.

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(Cover photo) A public health nurse checks the blood pressure of a heart patient at a County Health Department clinic. Many such patients receive home nursing care and rehabilitative services through Florida's public health programs.

- It alone causes more death than all other diseases combined, accounting for over 50 per cent of all deaths.
- During 1965 approximately 28,000 resident deaths were caused by major cardiovascular renal disease.
- Cardiovascular disease is also the major cause of illness and disability.

The heart was for many years regarded as a miracle. It is not, any more; but its performance and its gigantic potentialities to survive may be considered truly miraculous. This issue of **Florida Health Notes** will tell you about the different types of heart disease and what the State Board of Health and the County Health Departments are doing in their prevention and control.

## THE HEART AT WORK

Before we elaborate on the kinds of heart disease, their causes and preventive measures, let's take a look at the heart itself, the toughest and strongest muscle in the human body.

The billions of cells making up the population of the self-contained little world, the human body, are nourished by the blood. They are steady consumers, too, tolerating very little interruption in their food supply. The heart's whole purpose is to pump blood through the body at a speed and pressure called for by the varying activities and changing environment of the individual. This is done with so little apparent effort that most of us have no idea of the

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### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story providing credit is given to the Florida State Board of Health. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education

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NOVEMBER 1966

power involved. To put the heart in proper perspective it might help if we were to translate its everyday accomplishments into terms of forces that are more readily comprehended.

Every hour, for instance, your heart puts forth enough energy to carry a 150-pound man from the street to the roof of a three-story building. Every day it pushes from five to 10 tons of blood (depending chiefly upon your size) through your blood vessels. At the end of the allotted biblical span of three score years and 10, an average heart will have exerted so much force that if it were all applied at once it could lift the biggest battleship afloat 14 feet out of the water.

The heart is composed chiefly of muscle in which are embedded blood vessels. It takes no nourishment for itself from the blood which it pumps to the rest of the body, but like all other organs is fed by its own abundant network of arteries. Its position in the chest cavity is somewhat more to the left than to the right, so that about two-thirds of it is on the left side.

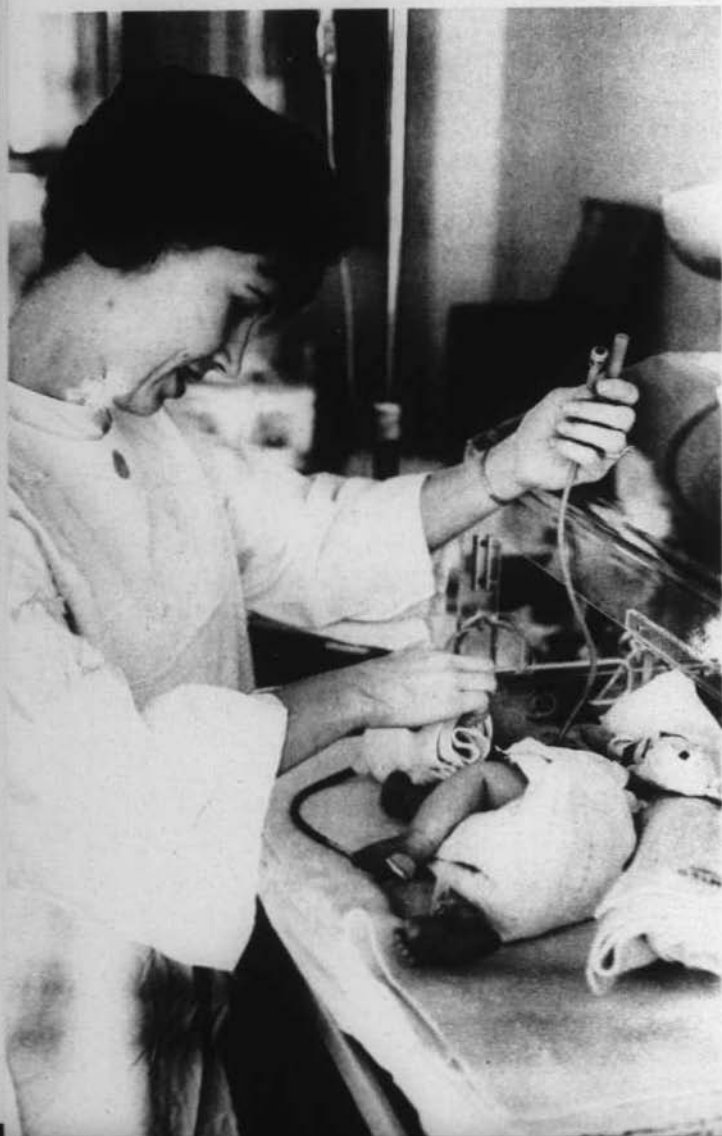
It is common to compare the heart to a four-room house, and the comparison is a good one. The two front rooms are somewhat larger with thicker walls, and the left front room has even thicker walls than the one on the right. These two rooms are the right and left ventricles. Behind them are two smaller, more thinly walled chambers, the right and left auricles.

Distribution of blood within the body is carried out by the circulatory system, the network of vessels through which the heart pumps blood. The blood carries oxygen and food for the cells, deposits waste products in the filtering system of the kidneys, and then returns to the heart to be pumped to the lungs, where a new supply of oxygen is exchanged for carbon dioxide. Then back to the heart it goes for another trip to the cells.

#### What is a "heart attack"?

Many sudden deaths are attributed to "heart attacks." The term is frequently used to indicate a number of different disturbances, however as now commonly used, it usually refers to coronary thrombosis.

The amount of blood contained in this system varies with the size of the individual; in adults 11 pints is about the average. It flows rapidly—more rapidly on its way out to nourish the cells, more slowly on its return—through miles of blood vessels. The network which carries oxygenated blood (blood containing oxygen) is composed of arteries, and physicians call this system the “arterial tree” because it branches out from a main trunk through large branches to even smaller branches, to tiny twigs called arterioles, so small they cannot be seen by the naked eye, and finally to even tinier vessels, capillaries, with walls so thin that body cells absorb nourishment through them.



**A nurse adjusts a feeding tube for an infant with multiple birth defects, including heart disease, at a birth defect center at the University of Florida.**



## KINDS OF HEART DISEASE

### Congenital Heart Disease

Of all heart diseases, the most pathetic are those serious, disabling or even fatal defects with which babies are born. Not all the defects that occur are serious; not all will disable the heart. But, on the other hand a few, when so severe that they interrupt the normal functioning of the circulatory system, can produce changes ranging all the way from retarded physical development to a crippling condition that ends in early death. It is estimated that more than 20,000 babies are born with congenital heart diseases each year in the United States.

Although the exact cause is unknown, hereditary factors appear to play a part in congenital heart diseases, though how large a part is not known. These diseases are the result of improper development of the heart and/or major blood vessels. The supposedly least harmful of diseases, German measles, was found to be the origin of many severe defects. This disease could and often did cause very serious disabilities to the unborn babies of women who contracted it during the first three months of pregnancy.

For many years it was supposed that congenital heart defects could not be corrected unless nature did it herself, as often happens. But in the last few years modern techniques in open heart surgery have changed this outlook considerably. Thousands of children have been saved by these newly developed surgical procedures which alone prove their value.

A number of pilot efforts have been carried out in community and school surveys to detect congenital heart disease. One method now being practiced in many Florida counties has been the record-

#### HEART ATTACK SURVIVAL IMPROVED BY ROUND-THE-CLOCK MONITORING

Intensive coronary care units—hospital facilities in which patients are monitored around the clock by special electronic equipment and specially-trained personnel—are significantly raising survival rates following an acute heart attack.

ing of the heart sounds of children. In general, this has been time-consuming, expensive and the yield in number of cases found low. When found, children with abnormal heart conditions are referred to private physicians or cardiac clinics for further study. The public health nurse makes followup visits to help the parents of a child with a congenital heart defect understand his condition by reinforcing the physician's explanations.

The ultimate control of congenital heart disease depends upon knowing the cause or mechanisms of the disease. Once the causes are known, specific preventive measures can be applied.

The approach to the control of congenital heart diseases must be along three lines: **prevention**, which includes research into factors causing the defects, such as drugs and infections, and means of eliminating them; **detection** through physicians' examinations at birth, well baby clinics, private physicians' office visits and public school examinations; and **evaluation and treatment**, which means determining which patients can be treated medically and which ones require surgical treatment.

## **Rheumatic Heart Disease**

Unfortunately, rheumatic fever and rheumatic heart disease remain important public health problems. Rheumatic fever has been catapulted into prominence as the enemy of youth, chiefly children between the ages of five and 15. But it is not solely a disease of childhood; adults contract it too, especially when they live in heavy concentrations that favor the spread of infection—army camps, for example. Rheumatic fever was a serious problem for the armed forces during the war, and cases have been encountered in men and women of all ages.

Its effects, furthermore, can be lasting ones. When it damages the valves of the heart, the result usually is not early death, but often a lingering or progressive loss of cardiac efficiency that often persists throughout life and is not infrequently the cause of death in middle age or later life.

The exact nature of the disease is not so easily described as its effects. However, an infection with a beta-hemolytic streptococcus (Lancefield group A) always precedes an attack of acute

rheumatic fever. One or more attacks of acute rheumatic fever may lead to chronic rheumatic valvular heart disease and cardiac disability.

Currently, primary prevention must of necessity be restricted to the prompt and adequate treatment of patients with the streptococcal infections. It has been shown that adequate treatment of streptococcal infections reduces sharply the incidence of primary episodes of acute rheumatic fever. More ideal conditions will prevail when individuals susceptible to rheumatic fever can be readily identified prior to the first attack. Secondary prevention includes the prevention of recurrent streptococcal infections with the long-time use of effective drugs for individuals who have previously experienced one or more episodes of acute rheumatic fever.

In Florida, upon request of the patient's physician, the State Board of Health's Heart Disease Control Program can supply medically indigent patients with penicillin or sulfa drugs for preventing recurrent streptococcal infection. In 1966, 1180 persons are receiving these drugs continuously from the County Health Departments through the State Board of Health's Heart Disease Control Program.

### **Arteriosclerotic Heart Disease (ASHD)**

Though ASHD takes the majority of its victims from the older age groups, the tragedy is that many persons, mostly men, are stricken by this disease in the years of their highest productivity and heaviest family responsibilities. In 1965 alone, more than 1059 men in the 45-54 year age group and more than 2222 men aged 55-64 in Florida died from arteriosclerotic heart disease.

Arteriosclerosis is an all-inclusive term covering many forms of hardening of the arteries, which occurs in some people more frequently in the coronary arteries than in any others. The exact cause of the disease is unknown but several factors associated with the development of coronary heart disease have been determined.

For some time it has been suggested that an important reason for hardening of the vessels, bringing on coronary heart disease, may be a diet rich in animal fats. Studies have demonstrated an

association between the cholesterol level and the mortality rate from coronary heart disease. An elevated cholesterol level, therefore, may be associated with an increased risk of developing coronary heart disease.

Elevated blood pressure levels also are associated with an increased risk for developing coronary heart disease. However, there are many cases of high blood pressure without hardening of the vessels and many cases of arteriosclerosis and coronary diseases without high blood pressure.

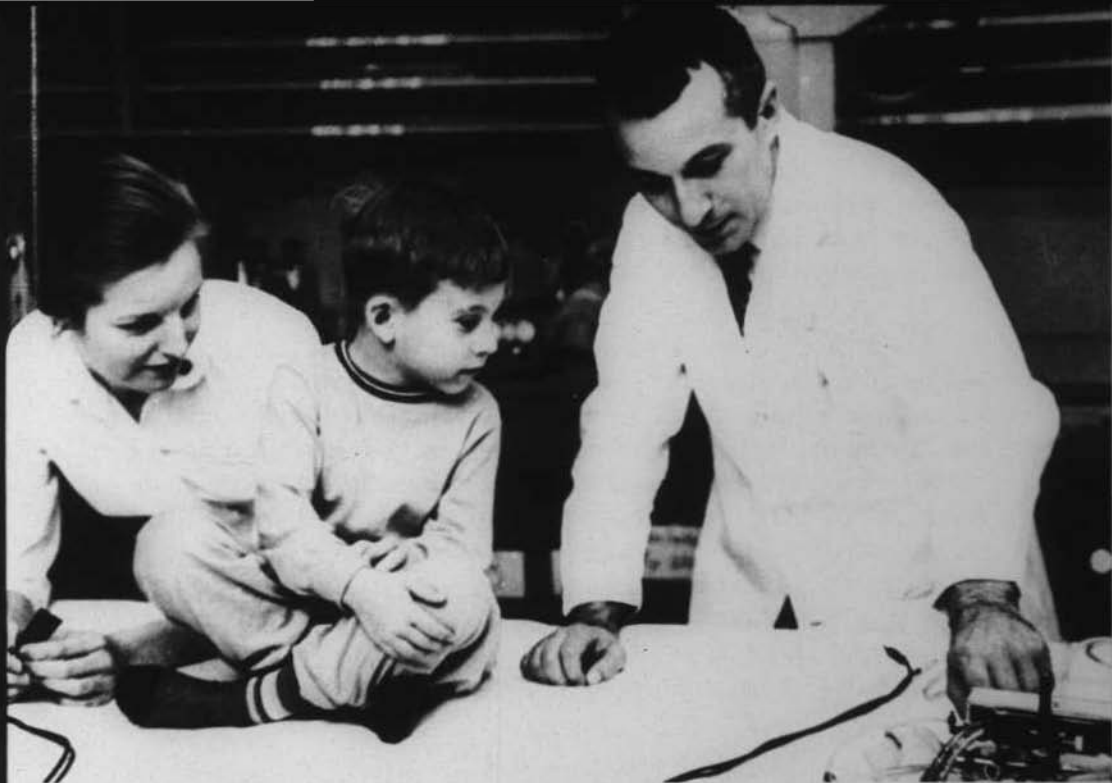
Heredity seems to be a factor in some cases, but just what the hereditary principle may be is not known. Alcohol, tobacco, overwork and emotional disturbances have also been blamed, but without satisfactory evidence. Even though many of the statistical studies concerning obesity, smoking, alcohol consumption, emotional

How many heart diseases are there all together?  
Sometime ago, the AMERICAN HEART JOURNAL listed, under  
"anatomical diagnosis" alone, 27 varieties of heart disease.

stress, chronic fatigue and diet are subject to varying degrees of criticism, the American Medical Association has gone on record as accepting the theory that a diet high in animal fat is in some way associated with an increased incidence of coronary disease. The Committee on Smoking and Health has collected statistics and modern research has demonstrated the effect of smoking on coronary disease and emphysema. Obesity and hypertension in the same person is almost a guarantee of early heart disease if the hypertension is not controlled.

The treatment of arteriosclerosis must be individualized and supervised by the family physician. While there is no simple guide to treatment of coronary-artery disease, there are ways in which the patient can cooperate with his doctor for his own good, especially in matters of diet, rest, exercise, occupational adjustments and medications.

The control of any disease depends upon knowledge of the nature of the problem. Prevention is the ultimate aim in any



**This youngster faces a diagnostic technique which may save his life—and the lives of many other children afflicted with heart ailment. By such means as heart catheterization, doctors at the University of Florida and other institutions are finding out what obstructs normal blood circulation.**

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control program, prevention of disease in persons before it ever appears and prevention of recurrent disease in persons who have already suffered one or more manifestations of the disease. Many cases of coronary insufficiencies can be discovered early by taking a careful history, making physical examinations and by doing functional tests, electrocardiograms and X rays. The identification and elimination of the many abnormalities known to be associated with arteriosclerotic heart disease has been the only approach to the problem of preventing the advanced stage of the disease.

### **Hypertensive Heart Disease**

When you screw down the nozzle of a garden hose to throw the stream further across the lawn, you increase the pressure of



the water in the hose. Many doctors believe that the blood pressure in arteries rises for a similar reason since one of the earliest symptoms in hypertension (high blood pressure) is the constriction or narrowing of the arterioles.

Mortality from hypertension increases with advancing age. The mortality rates at age 75 and over are more than 10 times higher than those at age 35-45. However, even babies sometimes have the disease, and it is occasionally seen in young adults; it is one of the chief reasons for the death of women with toxemia of pregnancy.

There is no such thing as a single cause for hypertension. A great deal is known about how hypertension is produced but we know little about its ultimate cause. There may be scores of symptoms or there may be none at all.

By carefully taking the histories of people who suffer from hypertension, we find the majority of them live in a turmoil of emotional tension. Here, too, the trouble in many cases can be traced to the emotional maladjustment which was made in the very early life of these sufferers.

There is no doubt that many hypertensives have some hereditary background for the disease, one or more of their parents or grandparents having suffered from a "stroke," "heart disease," or "kidney disease," conditions often caused by hypertension.

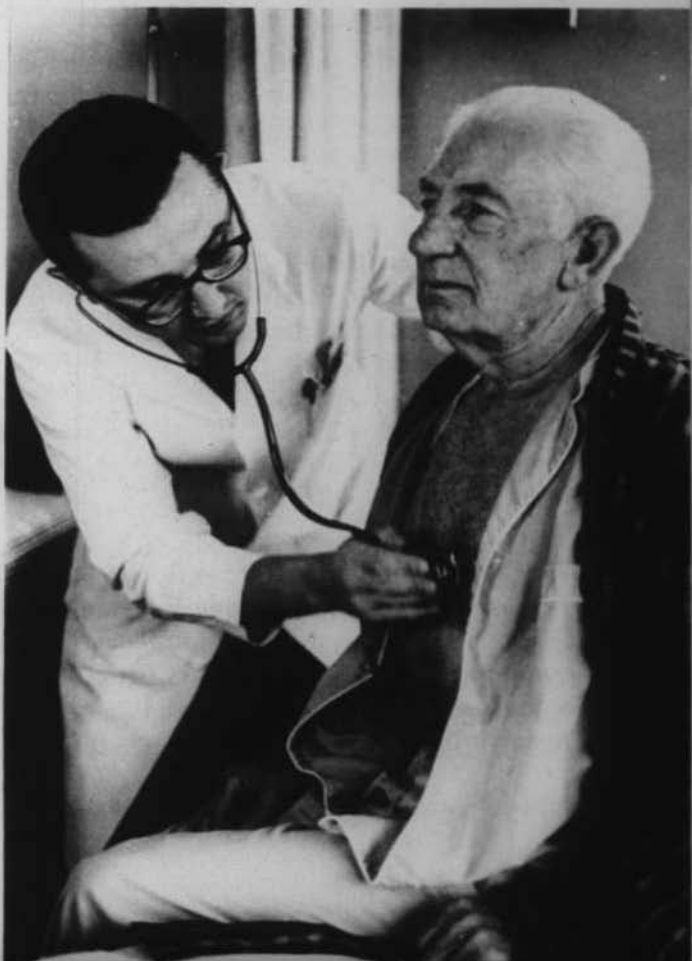
The taking of the blood pressure on several occasions to establish the baseline is an easy way of detecting the individual with abnormal pressures and bringing him to treatment before permanent damage has been done.

Significant advances have been made in the treatment of hypertension in recent years, and specific treatment for lowering blood pressure for the majority of patients is now available. The majority of patients respond when drugs are administered properly and the death rate has been markedly lowered during the last decade.

Surgical treatment of hypertension is available and has been successful in some cases. There are three types of surgical operations that are used in the treatment of some hypertensives. One consists in the removal of a diseased kidney. The second consists in severance of the nerves which run in chains in the mid and lower back on both sides of the spinal column and connect the blood vessels with the nervous system. The third is the removal of the adrenal glands.

Primary prevention in hypertension might be defined as preventing the development of hypertension in individuals who are susceptible to its development. In order to be able to apply primary prevention, a clear knowledge of the cause of hypertension is essential. Unfortunately, not enough is known about the immediate cause of hypertension to permit the development of a program of primary prevention, though this would be desirable and is the ultimate goal.

**An elderly patient receives a checkup from his physician. Many abnormalities of the heart are detected through regular physical examinations.**



### What is a "stroke"?

A stroke is the result of damage to a part of the brain. This damage takes place if:

a blood vessel (artery) in the brain breaks and blood escapes, or through blockage of an artery in neck or brain.

These are the main causes of a stroke.

Usually the part of the brain that is damaged controls the muscles that move the fingers, and the leg, foot and toes on one side of the body, and may affect the speech and swallowing.

### TODAY'S ACTION

Compared with a generation ago, how fortunate are today's heart patients in all but the most extreme cases. Thanks largely to research carried on in recent years, new drugs, new kinds of apparatus and new techniques are now available.

Today many clinical and research programs are underway in the area of heart disease at the University of Florida College of Medicine, the University of Miami School of Medicine and the Miami Heart Institute by several outstanding physicians and surgeons. At one institution, particular interest has been shown in determining the cause of congenital heart defects. Some specialists in the field believe that at least part of the answer lies in the hereditary units called chromosomes that are passed on from one generation to the next. Chromosomes determine the characteristics of every cell in your body and therefore are responsible for the way you look, the way you act and even your likes and dislikes. Recently, it has been possible to conduct microscopic studies of human chromosomes taken from people born with inherited heart defects.

Certain individuals may have too many chromosomes or too few, or some of their chromosomes may be broken off or abnormally divided. A significant number of these individuals also have congenital heart disease. It is hoped that this research might give some insight into the method by which the factors for a specific heart lesion are inherited.

Many other types of cardiovascular diseases are being researched in Florida. The Florida Heart Association and the American Heart Association have supported many research projects in the state and with help from the National Institutes of Health and the U. S. Public Health Service significant progress is anticipated in the future.

Research has been done in the use of drugs to treat an acute and usually fatal disease of the aorta—the major blood vessel leading from the human heart. The condition, known as dissecting aneurysm, is a tearing or shredding of the inner wall of the aorta. When this condition is untreated, it balloons, may rupture and cause immediate death.

For several years, emergency surgery has been the only hope for the patient. However, even surgery failed in many instances; therefore, the mortality has been exceedingly high.

Work has been done at the University of Florida College of Medicine with a high degree of success in the use of the drugs trimethaphan and reserpine on a number of patients sent to the J. Hillis Miller Health Center with dissecting aneurysms of the aorta. The non-surgical approach by the Florida medical team offers tremendous hope for heart patients suffering with dissecting aneurysms.

The fact is that the control of heart disease has passed the stage of being purely a research problem, or a matter of medical training. It's a layman's problem and a community problem today, just as much as it is the doctor's problem.

## **The Work of State and Voluntary Agencies**

The State Board of Health is one of the cooperating agencies and organizations in the Florida Coordinating Council for Cardiovascular Diseases which coordinates and unites the heart disease control activities of various groups in the state. Other members of the Council are the Florida Medical Association, Florida Heart Association, State Department of Public Welfare, Florida Vocational Rehabilitation Administration, Florida Crippled Chil-

dren's Commission, Florida Industrial Commission, Florida Nurses Association and the Florida Society of Crippled Children and Adults.

Much attention of the State Board of Health's Heart Disease Control Program has been devoted to the cardiac clinics, of which there were 21 throughout the state at the end of 1965. Most of the clinics were staffed by private physicians who served without pay. The program supplied 17 County Health Departments with 28 nurses and clerks who worked in the clinics or in followup programs. The clinics were also partially supported by the Florida Crippled Children's Commission and the Florida Heart Association.

The services provided by the clinics varied greatly, but they were designed to provide indigent patients with specialized cardiac services not available to them in other clinics.

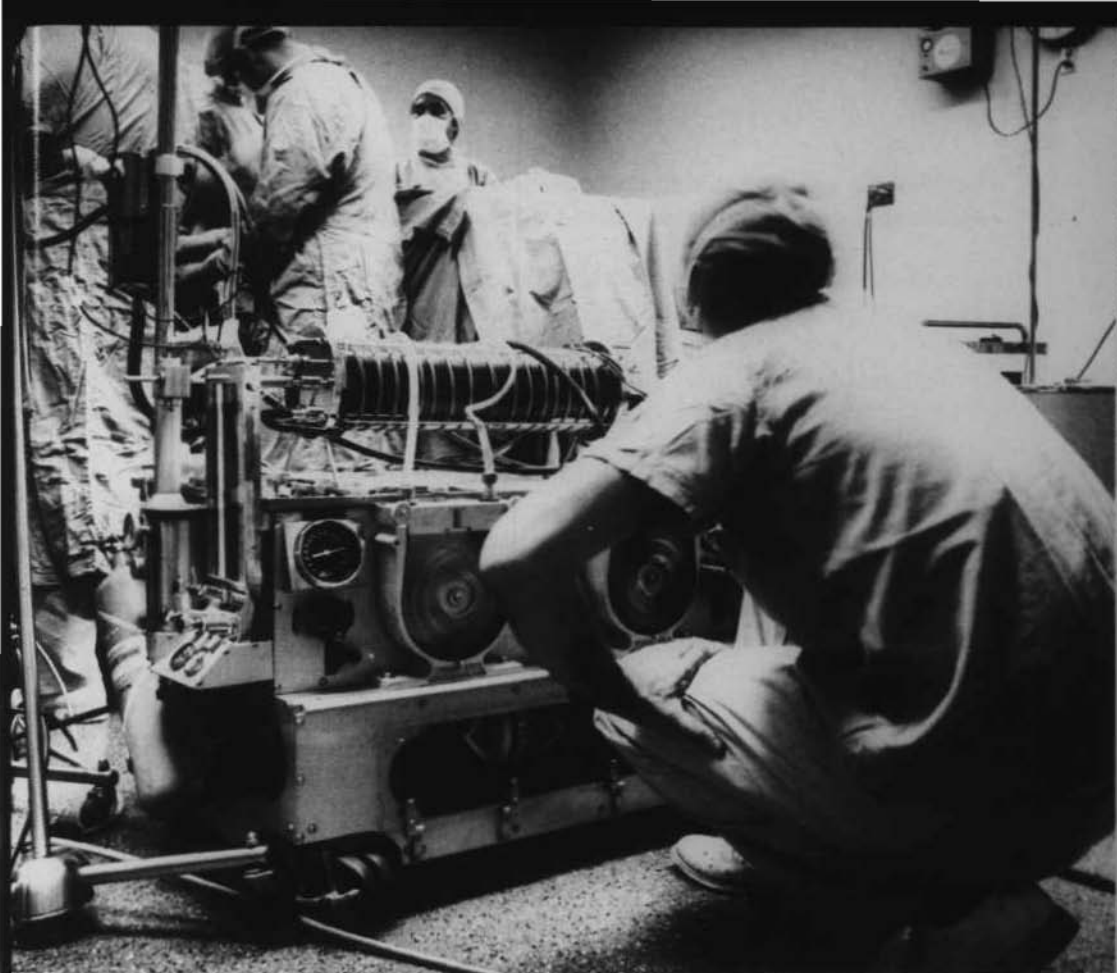
The public health nurses provide home nursing care and rehabilitation on the orders of physicians. They also refer heart patients to other community resources, such as sheltered workshops, rehabilitation, public welfare, speech therapy and/or medical services, at the request of physician, and coordinate the patients' participation in these activities.

The State Board of Health has financed a program of study for 44 public health nurses at either Rusk Rehabilitation Center, New York, or the Kenny Rehabilitation Center, Minnesota. Well-organized rehabilitation programs are conducted in several County Health Departments and public health nurses are on call to instruct stroke patients and their families under physicians' supervision.

#### **ACTIVE MEN STAND BETTER CHANCE OF SURVIVING HEART ATTACK**

Men leading a physically active life have two to three times better chance of surviving a heart attack than their less active counterparts. They also stand a much better chance of escaping the attack in the first place.





**The heart-lung machine acts as a patient's heart during an operation, leaving the organ still so the surgeon can repair it. The machine removes wastes, such as carbon dioxide, mixes in fresh oxygen and pumps the blood back into the circulatory system.**

The rehabilitation consultant nurse of the State Board of Health, in conjunction with the Florida Heart Association, has conducted numerous stroke rehabilitation workshops for nurses about the state. The consultant demonstrates and the students practice such rehabilitation procedures as active and passive exercises, range of motion, crutch and walker walking and transfer of patients from beds to wheelchairs and to various activities of daily living.

Nutrition consultants of the State Board of Health give direct

service to cardiologists, their patients and their families or work through public health nurses in advising on special diets.

The State Board of Health also has approximately 40 motion pictures on heart, stroke and related diseases in its Audio-Visual Library. By allowing two weeks for requests to be processed, organizations and individuals may borrow these films for showing. The state agency also has a number of pamphlets on these diseases.

The **Florida Crippled Children's Commission**, assisted by the State Board of Health, the Florida Heart Association, the Children's Bureau of the U. S. Department of Health, Education, and Welfare and other groups, provides a planned program of services for children with operable heart conditions. The program is statewide and emphasizes the team approach. Pediatricians are primarily responsible for determining the medical eligibility of these patients and serve as a coordinating force throughout the diagnostic, surgical and followup phases of care. Special screening clinics have developed. The team specialists appraise each child for his defect, make recommendations and jointly plan a program of treatment.

Following the team's recommendations relative to the proposed surgery, the pediatrician may refer the child to a qualified thoracic surgeon for closed heart surgery or to an approved center for closed and/or open heart surgery.

Followup care is planned to enable the child and his family to achieve the best possible results; and the care is based on medical needs of the individual child.

The Commission has a cooperative agreement with out-of-state organizations and agencies whereby children with operable heart lesions may be referred to Mayo Clinic Cardiac Center, University of Minnesota Cardiac Center or to Johns Hopkins Cardiac Center. This agreement is under the auspices of the Regional Heart Programs. These programs were developed for the purpose of serving children living in areas in which specialized services were not available locally.

One objective of the Crippled Children's Commission is to stimulate development of Florida's health resources. Approved facilities

have developed in Florida for open heart surgery in addition to the already existing facilities for closed heart surgery. The centers

### SOME COMMON FALLACIES ABOUT HEART DISEASE!

- \* Heart disease is always incurable.
- \* Heart disease is always hereditary and so nothing can be done.
- \* Heart disease is a result of our hectic civilization.
- \* Heart disease is usually brought on by high living.
- \* The heart is a very delicate organ.
- \* A wound in the heart is always fatal.
- \* Death from heart disease is always sudden.
- \* Pain over the heart is a sure sign of heart disease.
- \* High blood pressure causes the heart to burst.
- \* Women with heart disease cannot safely bear children.
- \* Alcohol and tobacco are heart stimulants.

include the University of Miami, the University of Florida Teaching Hospital, Gainesville, and the Duval Medical Center, Jacksonville.

The **Florida Heart Association** is the only statewide voluntary health agency in Florida devoted to the control and conquest of the diseases of the heart and blood vessels. The Association's program includes three major fields of activity:

**Research**—national long range and immediate research investigations in the cardiovascular and allied fields;

**Education**—provides information on the newest advances in diagnosis, treatment and control of the diseases of the heart and blood vessels;

**Community Service**—encourages the development of the most effective medical and community services for the cardiovascular patient in cooperation with other public and private agencies.

The Florida Heart Association, through its chapters and councils, provides numerous additional services to cardiac patients and their families. An increasing number of chapters and councils support cardiac clinics. Additional services are rehabilitation and

**The public health nurse carries on health education by advising heart patients on such things as proper diet and exercise.**



job placement guidance, counseling on work simplification, information on dietary problems and care of homebound children, information and referral services, and leaflets, booklets and speakers' services.

The State Department of Education, through its Division of Vocational Rehabilitation, has been one of the leading forces in the rehabilitation of the cardiac patient. The Division maintains 15 district offices in the state. Patients needing financial assistance in the **diagnosis** and **treatment** of heart conditions, the correction of which will enable the patient to become employed or improve his physical condition, may obtain assistance from this agency. They may be referred to the agency by their physician, their family or other agencies. A large number of patients have been made self-supporting through the activities of this agency.

### PLANS FOR TOMORROW

There are many important things the doctors have learned about some heart diseases, high blood pressure and hardening of the arteries during the past few years. It is encouraging that medical

science has advanced as rapidly as it has in these areas and in the next few years there will be many wonderful and new discoveries due to present research.

Many measures, both medical and surgical, are now being actively investigated in experimental animals and human beings in the hope that one or more of them will prevent the development or retard the progression of heart disease.

Efforts are being made by both voluntary and official agencies to provide a cooperative program of heart disease control. In most cases of heart diseases early detection is essential. One method of detection has been that of recording the heart sounds of children. This method is being carried out in many of our community and school surveys in several Florida counties. Health profile screening is one method of bringing the early cases to the attention of physicians so that they can be placed under treatment.

Research into diet, exercises and new treatments are important areas. Angiography or the visualization of blood vessels by X ray is able to detect and isolate trouble areas which then can be fre-

### **RISK PROFILE OF THE YOUNGER CORONARY CANDIDATE**

1. Family history
2. Cigarette smoking
3. Shortness of stature
4. Abnormalities of blood fats and proteins
5. Relationship of exercise
6. Abnormal findings of EKG and X ray
7. Emotional background; increased emotional tension
8. Overweight
9. High blood pressure

These are some of the factors or combination of factors believed by most authorities to be important in identifying that individual most likely to have a heart attack due to coronary disease.



## How to Help in Case of a Heart Attack

If a member of your family, someone in your office, school or anywhere you might be, has a heart attack, it is wise to know what to do:

- \* **CALL A DOCTOR AT ONCE.**
- \* Help the patient to take a position most comfortable for him. (This will probably be halfway between lying and sitting. **HE CANNOT BREATHE COMFORTABLY IF HE LIES FLAT.**)
- \* Do not attempt to lift or carry the patient without the doctor's supervision.
- \* Loosen tight clothing such as belts and collars.
- \* See that the patient does not become chilled, but do not induce sweating with too many blankets.
- \* Do not give the patient anything to drink without the doctor's advice.

quently remedied by surgery. Surgery is possible today which could not be done a decade ago. Replacement of valves in hearts, pace-makers and grafting of vessels are areas in which marked advances have been developed as a result of research. Intensive coronary care units with monitoring around the clock are saving the lives of many patients with acute heart attacks. Cardiac resuscitation, if undertaken immediately by a trained team, is frequently successful in restoring the heartbeat in those individuals who have had a severe heart attack with coronary arrest (heart stopped).

Present research indicates that there may soon be an effective vaccine for German measles. Refined screening techniques to identify the individual most likely to have heart disease are needed and are being developed. The grafting of healthy hearts from other sources is being actively studied.

The continuing of intensive research will provide man with important information that can be applied to protect the coming generations from the greatest of killers—heart disease.

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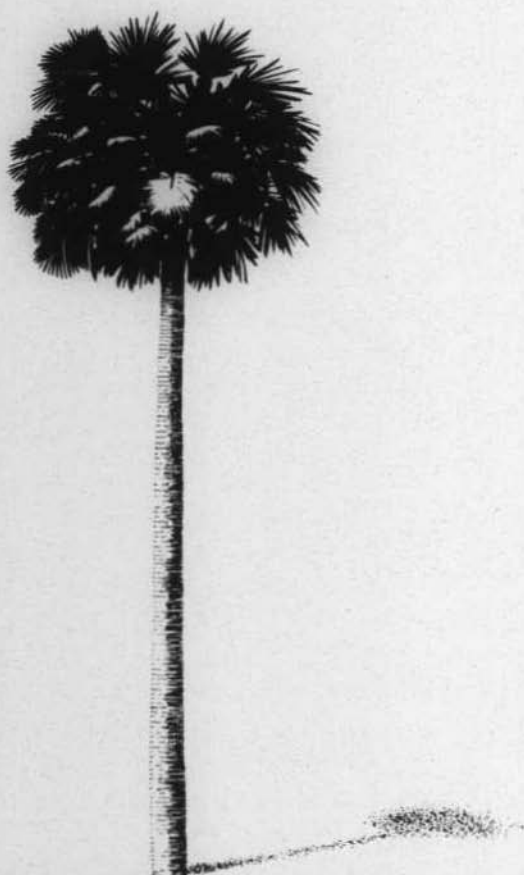
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# FLORIDA HEALTH NOTES



VOLUME 58—NO. 10

DECEMBER 1966

*HOME HEALTH  
SERVICES*

FLORIDA STATE LIBRARY



Home health aide assistance is one of the services provided by eight of the home health agencies certified under Medicare in Florida.



# Home Health Services

\* Mrs. T, 88, lives alone in a small house on a side street in a Florida city. She is practically blind but nevertheless independent of mind enough to refuse to enter a nursing home.

\* Mr. A, 90, lives with his son and family in another Florida city. He is very feeble. Because other members of the family work, he is alone part of the time and needs nursing care which the family cannot give.

\* Miss D, 49, has just been discharged from a Florida hospital and has returned to her home where she lives alone. She is still weak from the operation, needs some nursing care and finds it difficult to get her meals and maintain her home.

\* Mr. H is recovering from a stroke. He needs to be taught a few exercises to rehabilitate the affected limbs. His family is not able to help him.

\* Mr. and Mrs. S have three small children. Mrs. S is going to the hospital to have an operation and Mr. S must work to maintain the meager family income. They have no one to stay with the children and they cannot hire a baby sitter to come in while Mr. S is at work.

All of these people have one thing in common. They need assistance with part-time nursing care, personal care, physical rehabilitation and supervision of children. These services are available through public and private agencies in most of Florida's counties and cities.

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(Cover photograph) A public health nurse bandages the ankle of a patient during a home visit. This nursing care was provided on the direct orders of the patient's physician.

In contrast to the above, Mr. K, who had a leg removed because of diabetic gangrene, has learned to walk with an artificial leg through rehabilitation. Through encouragement and indirect guidance by a public health nurse and treatment by a physical therapist, he has changed from a resentful and bitter individual into one who appreciates what others have done for him. He has even started a career as a dealer in rare stamps.

This issue of **Florida Health Notes** will tell you what Florida is doing to provide home nursing and other therapeutic care for its citizens and the roles of the County Health Departments, the advisory councils, Visiting Nurse Associations and the State Board of Health.

In Florida there are three distinct types of organizations which give home health services:

County Health Departments that have **combination nursing service** in which the public health nurse provides nursing care to the sick at home as well as preventive health care;

County Health Departments which emphasize preventive health care but have closely-associated public health advisory councils which give nursing and other services in the home; and

Independent Visiting Nurse Associations which are completely separate from the County Health Department and provide nursing and other services in the home.

The responsibility for nursing care goes beyond the walls of a hospital, nursing home or clinic. Public health personnel are responsible for non-institutional nursing care and they are taking these services to all people in the community. The public health nurse visits the sick in their homes to give treatments ordered by the patients' physicians, to change dressings, give hypodermic in-

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#### FLORIDA HEALTH NOTES

Published monthly except July and August by the Florida State Board of Health, Wilson T. Sawder, M.D., M.P.H., State Health Officer. Publication office, Box 210, Jacksonville, Florida 32201. Second class postage paid at Jacksonville, Florida. This publication is for individuals and institutions with an interest in the state's health programs. Permission is given to quote any story providing credit is given to the Florida State Board of Health. Clippings of quotations or excerpts would be appreciated. Editor: Robert A. Schoonover, M.A., Division of Health Education

VOLUME 58 — NO. 10

DECEMBER 1966



Public health nurses plan their activities each day before they leave their office. Here they receive physicians' orders and the supplies for their rounds.

jections, bathe patients or give other skilled nursing care; home health aides cook meals, do light housekeeping in special cases, care for children and give less involved personal care.

### Various Components of Home Health Services

A new dimension was given to home health services when Medicare came into being in 1966. The agencies which formerly provided these services have been required to meet regulations in order to qualify for participation in the Health Insurance for the Aged. This federally-supported plan has two parts:

Under Part A, the home health agency may supply services to a patient who has been in a hospital for at least three days. Such services must begin within 14 days after the patient's discharge from the hospital or extended care facility (nursing home).

Under Part B, the patient may receive the same home services as under Part A of Medicare with the exception that he does not have to be hospitalized or in a nursing home. But Part B differs from Part A in that the patient pays part of the cost of the service.

These services can be supplied by a home health agency such as Visiting Nurse Association, a County Health Department, a combination nursing service-health department, or a department

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A physical therapist (center), assisted by a home health aide, exercises the limb of a patient who has had a stroke. A total of 37 certified home health agencies provides this service.



of a hospital, medical school, medical clinic, extended home facility or rehabilitation facility.

In Florida, these services are offered by approximately 51 certified public and private agencies: including 16 County Health Departments, 23 non-profit advisory councils, 10 Visiting Nurse Associations, one hospital and one nursing home.

Skilled nursing service is the primary function of the home health agency but the agency, must provide in addition, at least one of the following therapeutic services to be certified as a provider under Medicare: physical, speech or occupational therapy, medical social services, or home health aide service. Although some of the services provided by the various agencies are for those over 65 years of age who are chronically ill or convalescent, others are for the convalescent or handicapped person who is not under Medicare but needs part-time nursing or other care, or the family in need of homemaker service while the mother is out of the home because of illness.

The services of a visiting public health nurse are not a substitute for a full-time nurse. When a person is seriously ill, he should be in the hospital. If under special circumstances he remains at home, every effort should be made to provide a professional registered nurse or have a skilled and competent member of the family in attendance. The physician's judgment should prevail in decisions of this type.

## **Who Are the People Involved?**

A number of people are involved in the bringing of home health services to the people of the community.

The **physician** gives the approval for home health services, whether given by a visiting nurse, a home health aide or a physical, speech or occupational therapist. **All services provided to patients must be given on the direct written orders of the physician.** He makes the decision on what the patient needs.

The **professional public health nurse**, either from the County Health Department or the Visiting Nurse Association, carries out the orders of the physician and is the direct link between the health department, the association, the physician and the patient.



She directs the home health aides and cooperates with the therapists in their work.

There is rapport between many County Health Departments and the Visiting Nurse Associations. The former is an official governmental agency, financed by tax dollars. The latter is a private organization and frequently receives monies from the Community Chest or United Fund. Visiting Nurse Associations and some of the County Health Departments or advisory councils receive additional money from the Veterans' Administration, welfare dependents and the patients themselves. In general, fees are charged according to the ability of the patient to pay. Whether or not the patient can pay or how much the circumstances will allow him to pay toward the cost is left up to the judgment of the public health nurse.

The major emphasis of the County Health Department's nurses is prevention of disease while the nurses from the Visiting Nurse Association are concerned primarily with the care of the sick, though there is no strict distinction between them. Both types of nurses carry on educational programs to instruct their patients and families on good health habits, including safety, proper diet and need for continued medical supervision.

If a Visiting Nurse Association nurse calls on Mr. B, who is a stroke patient, and notices that his daughter-in-law is pregnant and has not had prenatal care, the nurse urges her to seek care from her physician or the County Health Department.

### The Extent of Home Nursing Care

A survey made in 1965 in 15 County Health Departments and one Visiting Nurse Association showed that these agencies had 2946 referrals of which 1449 were over 65 years of age. These received 41,932 nursing visits or an average of 14.2 visits per referred patient. Of these patients, 797 were cardiovascular-renal; 281 had cancer, 212 were diabetics; 1186 had other chronic diseases; 85 had received injuries in the home; and the balance had other illnesses. Of these patients, 1345 were able to take care of themselves after having part-time nursing care. Others returned to hospitals or nursing homes for additional care, were continued as patients, moved away, and some died.

On the other hand, if a public health nurse from the County Health Department is visiting the Smith home to follow-up a child with vision defects and sees a grandmother who obviously needs nursing care, the nurse will ask the family who their physician is and contact him when she gets back to her office. If the condition is an emergency, she will make a call from the nearest telephone. She will tell the physician that the patient is sick, what she observed about the patient, and that she knew he, the physician, would be interested. The nurse would also ask the physician if he would like to have her provide nursing care for the patient and she would request written orders for the care. If there is a Visiting Nurse Association in the community, the nurse may ask if the physician wishes to refer the patient to this organization for nursing service.

The **home health aide** is another person who works directly under the home health agency, the County Health Department or Visiting Nurse Association and is assigned to patients in need of personal care. Eight of the 51 certified agencies under Medicare provide this type of service for their patients.

The **physical therapist**, under the physician's orders, develops an exercise program or works with patients to relieve pain by restoring bodily functions through the use of exercise, massage, heat, water, light or electricity. A total of 37 of the 51 certified home health agencies is providing physical therapy services through contracts with private practitioners. Through the State Board of Health, a few of the County Health Departments have physical therapists on their staffs.

The **occupational therapist** assists the patients to use their creative abilities for therapeutic purposes. Eighteen certified agencies have occupational therapists working under contract.

The **speech therapist** assists the physician by working with persons who have speech difficulty because of a stroke, trauma or brain damage. Nineteen of the certified agencies are providing such services under contract with private practitioners.

The **medical social worker** assists the patient in the area of social, emotional and financial problems. He may refer the patient to other community resources, such as the Family Service Agency, a guidance clinic or homemaker service. Nine of the 51 certified home health agencies provide this service.



A public health nurse gives one of her patients a bed bath to make her comfortable.

Other important people who work in home health services are the clerks and typists. They keep the records for the individual patients. Paperwork and accounting have multiplied many times under Medicare. These workers have to check the eligibility of patients to make sure they are qualified to receive the service, keep account of deductible payments for which the patient is responsible, and prepare billings for the fiscal intermediary.

### **The State Board of Health Consultants**

People directly concerned with home health services in the State Board of Health come principally from the Home Health Services Program, the Division of Nursing and the Division of Nutrition. These include a program coordinator, nursing consultants, nutrition consultants, physiotherapy consultants and rec-

ords consultants. These all visit home health agencies on request to advise on all aspects of home health services.

They work closely with the mechanics of the service: planning, organizing and initiating the service; helping set up policies and procedures; designing appropriate forms; talking with concerned groups and promoting community interest; determining the cost of the service; teaching the keeping of fiscal and patient records; and setting up of methods of accounting.

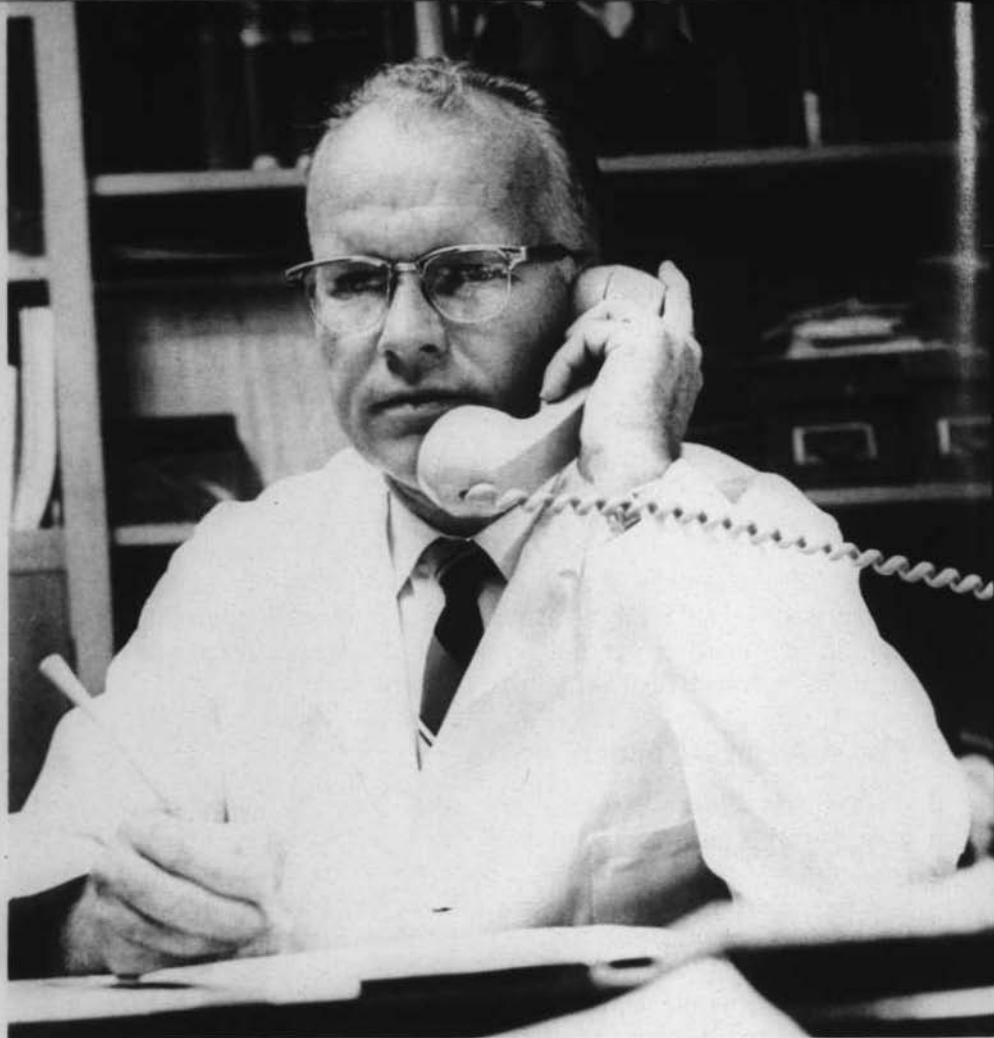
There are times when the consultants accompany County Health Department nurses on visits to patients' homes. One nursing consultant on such a visit with a public health nurse, assisted in the changing of the patient's catheter and checked his blood pressure. Other duties include the attending of advisory council meetings, and, in preparation for Medicare, making surveys of home health agencies for certification as providers of services.

### **The Advisory Council**

Visiting Nurse Associations were the first organizations to give nursing care to the sick at home in Florida. County Health Departments and community nursing councils have been giving this service on a limited basis for several years. After the 1965 Legislature passed the act that implemented Medical Assistance for the Aged, all of the counties were giving home health services to persons over 65 years of age. Since the Medicare Act has been in operation, other types of organizations are also carrying on this function. The Health Insurance for the Aged Act has replaced other federally-supported programs in this field.

Each of the agencies providing home health services have an advisory group composed of professional medical people, including a licensed physician and a registered nurse, and lay people from the community who are knowledgeable in health affairs. The interest for such an advisory council may come from a group of interested citizens, the county health officer, private physicians or from public health nurses in official or voluntary health agencies.

Besides the suport of the local physicians, the community nursing councils obtain the support of other members of the community, raise money for carrying on the program, seek to bring



the home nursing care service to all members of the community, obtain equipment for the Loan Closet, and thus, act as liaison between the people of the community and the agency, such as the County Health Department or Visiting Nurse Association, which is supplying the service.

### **The Loan Closet**

The advisory council, in many counties, is responsible for the Loan Closet which can supply families with many sickroom supplies needed during an illness and not usually found in the home. These closets are depositories for wheelchairs, crutches, heating pads, bed linens, bed pans and other items new or used which have been bought or donated by business firms and individuals. Many



A public health nurse confers with a physician by telephone. The nurse keeps the physician informed of the patient's progress and what she has observed about his condition. All orders, including those given verbally, must be followed by written orders from the physician.



families who could afford these items find it more practical to borrow from the Loan Closet than to buy them and then store or dispose of them after the emergency is over. Records are kept and the items are usually returned in good condition for use by other people. The advisory council has a committee responsible for managing the Loan Closet and often is also responsible for providing dressings and other incidentals which are usually made or supplied by volunteers.

### **The Nursing Service**

The health officer is responsible for the protection of community health and enforcement of local and state health regulations and the public health nursing service is a vital part of the

total health program. Home health services are available to anyone, including those not under Medicare, who are confined to their home for health reasons and who require a few hours of nursing care a day, several times a week.

The county health officer acts as liaison between the advisory council and the physicians. The supervising nurse, if there is one in the County Health Department, administers the program, assists the county health officer in establishing priorities for nursing services, helps in the writing of reports, gives assignments and promotes the professional growth of the nursing staff.

If a public health nurse finds that Mr. S, who has been discharged from the hospital, needs part-time nursing care, she may make one visit to his home prior to his being admitted to nursing service as a referral patient. On this first visit she may ascertain the needs, explain the necessity of medical supervision of patients requiring home nursing care, give general or partial care as the situation dictates, and instruct the family in the care of the patient, emphasizing diet and personal hygiene. The nurse advises Mr. S. and his family that future visits will be made only on direct orders of the family physician.

There are frequent consultations by telephone between the public health nurse and the physician who must sign all orders for medication and nursing procedures. Even if the orders are given over the telephone, these must be followed up by written orders.

Standard nursing procedures which the nurse can do without the physician's orders include giving a cleansing bath, changing bedding and making the patient comfortable. But the major nursing procedures can be given only under a physician's orders. She can teach, at physician's request, a diabetic or members of his family how to give insulin, instruct him on the proper diet, or foot care. She may help a heart patient with his activity schedule, diet or personal care. Other nursing procedures may include changing dressings, applying rehabilitation nursing procedures such as passive or active motion exercises, teaching crutch-walking, administering enemas, subcutaneous or intramuscular injections, or instructing new mothers in the care of their infants.

In all cases, the first concern is for the welfare of the patients. The care is planned according to the needs of the individual patient.



A home health aide confers with her supervisor. The services of the aide are a vital part of the nursing care planned for the patient.

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Since the nurse usually has several patients to visit in her district each day, she can remain in the home only long enough to give the care ordered by the physician. If a patient changes doctors, the nurse must receive a new set of written orders from the new physician before she can continue to administer nursing care.

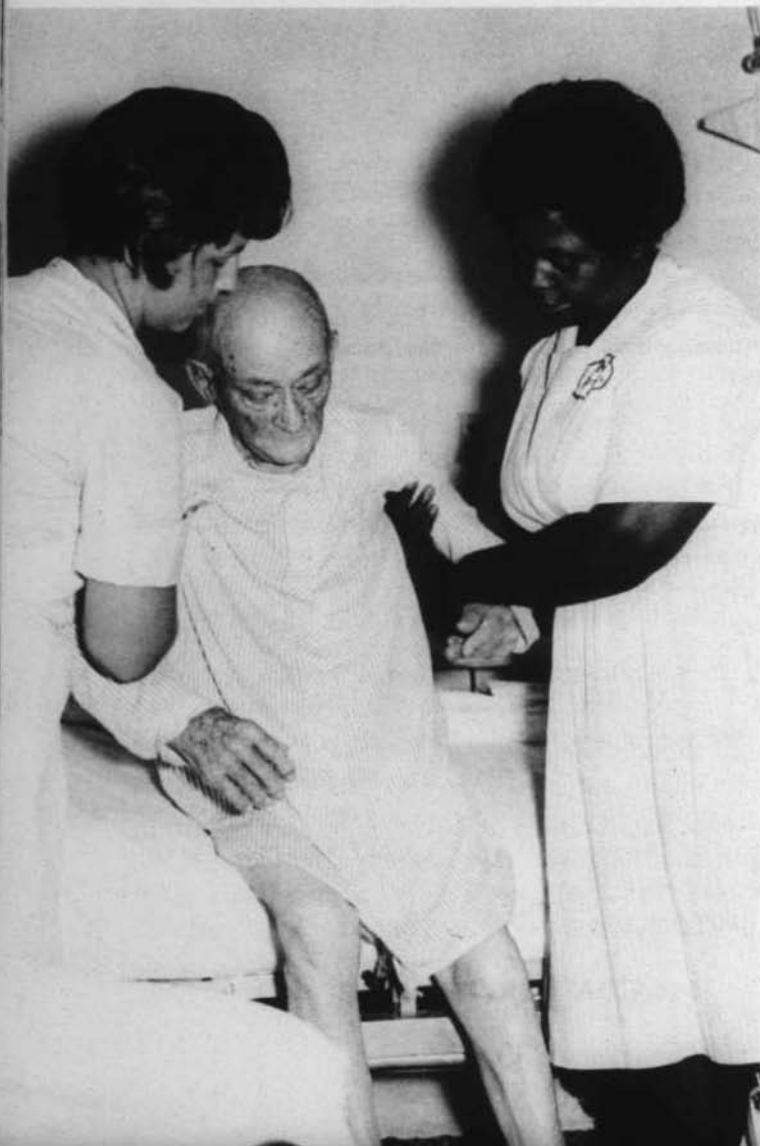
### **Home Health Aides**

The public health nurse supervises the home health aides in those counties which provide this service to their patients. The nurse is legally and professionally responsible for the care of the patient.

The work of the home health aide is to provide and maintain the normal physical and emotional comfort of the patient under the supervision of the nurse and the direction of a physician. Her services are a vital part of the patient's care plan in the home

and is helpful many times in preventing or postponing the institutionalizing of the patient in a hospital or nursing home. Her duties are considered in line with the patient's needs, the amount of supervision available, what the family can do for the patient and her ability to satisfy the needs.

The home health aide can render personal care for the patient, including: helping with baths, changing linens, maintaining body alignment in bed, helping him in and out of bed, and with eating and shaving. The aide cannot give skilled nursing care, such as changing sterile dressings or giving enemas, colostomy irrigations, gastric lavage, catheterization or medications by injections.



A public health nurse and a home health aide assist an elderly patient from his bed. The nurse is in the home only long enough to carry out prescribed nursing procedures but the aide may remain in the home for several hours to tend to the patient's needs.

The aide can fix nutritious meals for the patients, shop for the homebound person or elderly couple who cannot drive their car, and for those who have no checking account, she can be delegated to pay such bills as utility, telephone and taxes from the patients' income. In special cases, she can do light housekeeping. She can teach household routines and skills to children or well members of the family in order that they may carry on normal living during the illness of the mother and when the home health aide is not present.

The home health aide is in the home much longer than the public health nurse. A minimum assignment is usually from three to four hours and occasionally from six to eight hours. In some cases where services are given to juvenile welfare families, an aide may be in the home for 10 hours while the father is at work. There is no live-in service available from any of the agencies. The aide must keep simple records of her activities.

### **Training of the Home Health Aide**

Women who become home health aides are usually dependable, mature women who have raised their families, managed households and expressed a desire to be of help to other people.

The County Health Department and Visiting Nurse Associations recruit home health aides through newspaper ads and by "word of mouth." All aides go through a two-week training course. They are oriented on the importance of the program and their roles, and agency policies. They receive information on the families they will serve. They are instructed on family life and composition, household duties, nutrition and food management, personal care and hygiene, ethics and conduct of the home health aide.

People call the County Health Department or Visiting Nurse Association for various reasons to demand the services of a home health aide. In one Florida city, a family called the Visiting Nurse Association and asked that a home health aide visit the home each day. When an investigation was made, the Association discovered that there was an elderly person in the home who was not sick but the family just wanted to get away for a shopping trip. The request was denied.





The home health aides receive two weeks of training prior to being sent to patients' homes. Among other subjects, they receive instruction in preparing nutritional meals (above) and the proper way to make beds (opposite page).

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Prior to their training, the aides are given a number of interviews, take general aptitude tests, and have a complete physical examination. When they have completed their training, the aides are permitted to wear a uniform with an insignia designed for this particular program.

### **Contractual Services**

Most of the services provided by certified physical, occupational and speech therapists are carried out under contract with home health agencies.

Physical therapists direct and aid patients in active and passive exercises, muscle re-education, transfer and gait training, activities of daily living and use of artificial limbs. They may use such equipment as ultra-violet and infrared lamps, diathermy and ultra-sonic machines, give whirlpool baths, and apply moist packs.

Occupational therapists guide patients in therapeutic creative work and activities by which they can improve their physical and mental conditions. They may instruct other health team personnel, including home health aides and family members, in certain phases of occupational therapy in which they may work with the patients.

Speech therapists provide patients rehabilitative services for speech and language disorders. They may instruct other health team personnel and family members in methods of assisting the patients to improve and correct speech disabilities.



All of the therapists observe, record and report to the physicians the patients' reactions to treatment and any changes in the patients' condition. The aim of all therapy is to make the person as independent and functional as possible.

## Home Health Services Under Medicare

The State Board of Health is under contract with the U. S. Department of Health, Education, and Welfare to determine which home health agencies meet the conditions for participation in the Medicare program. This was discussed in the October 1966 issue of **Florida Health Notes**.

Each home health agency must keep clinical records, showing what services were provided directly to each patient and those services provided through arrangements with another agency or under contract. The services are provided under a plan of treatment set up by a physician and include part-time nursing care, physical, occupational and speech therapy and the services of a home health aide in connection with treatment. The services do not include meals-on-wheels, services of a domestic, ambulances

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During their training, a home economist teaches the home health aides how to choose effective cleaning products.



Home health aides are requested for many kinds of details. One 72-year-old person telephoned a Visiting Nurse Association and requested a home health aide to do her housekeeping and cleaning. The public health nurse explained that domestic service was excluded under Medicare.

and special transportation of patients, drugs and nearly all dental services.

Under Part A, the patient may receive 100 visits during one year or during one "spell of illness." Such visits must begin within 14 days from his discharge from a hospital or extended care facility. A spell of illness begins the day the person is admitted as an inpatient at a hospital or extended care facility and ends when he has been out of the institution for 60 consecutive days.

Under Part B, the patient who has enrolled under the voluntary health insurance plan, may receive 100 home visits during a calendar year. These visits may supplement the visits under Part A or they may be provided to a patient who has not required care in a hospital or extended care facility. Under Plan B, the patient pays the first \$50 of incurred medical expenses and 20 per cent of the balance of the home health agency's bill. The remaining 80 per cent is paid by the Social Security Administration through a fiscal intermediary.

## Home Health Services in Florida

Home nursing services outside of hospitals and nursing homes have become an integral part of the public health picture in Florida. Community leaders and patients are becoming more involved in the planning of these programs which have been available in Florida for a number of years. Home health aides have been working for only a few years. Now the entire picture is expanding because of Medicare.

Many County Health Departments and Visiting Nurse Associations have increased demands for their home nursing care services during January and February because of the influx of tourists. Some agencies provide services to patients who are regular visitors in Florida during the cooler months and who return North during

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the summer. They also receive many calls from northern families who inquire if there are home nursing services available for the elderly.

Many of the lonely, elderly people have no families and have moved to Florida for health reasons. Frequently they have no one to turn to for advice or comfort and on her visits the public health nurse has to spend some time just talking to her patients. She often gives them indirect guidance in many aspects of their personal lives and her visits are many times the daily highlight of their lonely lives.



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